# RETAINER INVOICE

**Agency Name**
123 Creative Way
City, State, ZIP

**INVOICE NUMBER** #00000
**DATE** January 01, 202X
**BILLING PERIOD** Month Year

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**BILL TO:**

**Client Name/Company**
Street Address
City, State, ZIP
Contact Email

**PAYMENT TERMS:**

Net 30 Days
Due Date: January 31, 202X

| SERVICE DESCRIPTION | ALLOCATION | AMOUNT |
|---|---|---|
| **Monthly Agency Retainer**<br>Strategy, Account Management, and Creative Services | Flat Fee | $0,000.00 |
| **Paid Media Management**<br>Campaign optimization and reporting | - | $0,000.00 |
| **Content Production Block**<br>Social media assets and copywriting | 20 Hours | $0,000.00 |

Subtotal $0,000.00
Tax (0%) $0.00

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**TOTAL DUE $0,000.00**

**Payment Instructions:**
Bank: Name | Account: 00000000 | Routing: 00000000
Please include the invoice number as a reference for wire transfers.

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Thank you for your partnership.