

AGENCY NAME

123 Business Ave, Suite 100  
New York, NY 10001  
contact@agency.com

INVOICE

#INV-0000  
Date: [Date]  
Due: [Date]

BILLED TO:

Client Company Name  
Client Address Line 1  
City, State, Zip  
client@email.com

SUBSCRIPTION PERIOD:

[Start Date] - [End Date]

| Subscription Plan / Service                                         | Qty    | Rate   | Amount |
|---------------------------------------------------------------------|--------|--------|--------|
| Monthly Marketing Retainer<br>Social Media Mgmt, SEO & PPC Strategy | 1      | \$0.00 | \$0.00 |
| Content Production Add-on<br>4x Professional Blog Articles          | 1      | \$0.00 | \$0.00 |
| Subtotal:                                                           | \$0.00 |        |        |
| Tax (0%):                                                           | \$0.00 |        |        |
| Total Due:                                                          | \$0.00 |        |        |

Thank you for your partnership.

Payment Terms: Due upon receipt. Please make checks payable to Agency Name or pay via Bank Transfer.