INVOICE

[Your Name/Fitness Brand]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [00001]
Date: [Date]
Cycle: [Monthly/Weekly]

CLIENT

[Client Name]
[Client Address]
[Client Email]

RECURRING PERIOD

[Start Date] to [End Date]
Next Auto-Pay: [Date]

DESCRIPTION	SESSIONS/QTY	RATE	AMOUNT
[Service Name - e.g., 1-on-1 Personal Training]	[0]	[$0.00]	[$0.00]
[Service Name - e.g., Monthly Nutritional Coaching]	[0]	[$0.00]	[$0.00]

Subtotal $0.00
Tax $0.00
Total Due $0.00

NOTES & TERMS

Payment is due within [X] days. This is a recurring billing service. Cancellations require [X] days notice. Please make checks payable to [Your Name] or pay via [Payment Method].