TRAINER NAME / GYM

[Street Address]
[City, State, Zip]
[Email / Phone]

RECURRING INVOICE

Invoice #: [000]

Date: [MM/DD/YYYY]

Billing Cycle: [Monthly/Weekly]

Due Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Name]
[Client Address]
[City, State, Zip]
[Client Email]

PAYMENT METHOD

[Card on File: 0000]
[Auto-pay Status: Enabled]

Description	Qty/Hrs	Rate	Amount
Personal Training Session - [Duration]	[0]	$0.00	$0.00
Monthly Program Design / Coaching Fee	1	$0.00	$0.00

Description	Qty/Hrs	Rate	Amount
Nutritional Consultation	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total: $0.00

NOTES & TERMS

This is a recurring bill for fitness services. Payment will be processed automatically on the due date. Please provide 30 days notice for cancellation of recurring memberships. Thank you for your commitment to your health!