[TRAINER/GYM NAME]

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

INVOICE

No: #_____
Date: _____

BILL TO

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

SUBSCRIPTION PERIOD

[Start Date] - [End Date]
Renewal Date: _____

Description	Sessions/Frequency	Rate	Amount
[Plan Name] Personal Training Subscription	[Qty]	$0.00	$0.00
[Additional Services/Add-ons]	-	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Amount: $0.00

PAYMENT INSTRUCTIONS

Please pay via [Payment Method]. Subscriptions auto-renew unless cancelled [X] days prior to period end.

Thank you for your commitment to your health and fitness!