

GLOW BOX SUBSCRIPTION

Invoice #: [Invoice Number]

Date: [Date]

Order ID: [Order ID]

Billed To:

[Customer Name]

[Street Address]

[City, State, Zip]

[Email Address]

Shipping To:

[Shipping Name]

[Street Address]

[City, State, Zip]

Description	Frequency	Qty	Unit Price	Total
Monthly Beauty Box - [Month, Year Edition]	Monthly	1	[\$[0.00]]	[\$[0.00]]
[Add-on Item Name]	One-time	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Shipping: \$[0.00]

Tax: \$[0.00]

Total: \$[0.00]

Your subscription will automatically renew on [Renewal Date].

Thank you for choosing Glow Box! For support, contact support@example.com