

GLOW & REST

INVOICE
[INV-0000]
[Date]

BILLED TO

[Customer Name]
[Shipping Address Line 1]
[City, State, Zip]
[Email Address]

SUBSCRIPTION PLAN

[Plan Name: e.g., Monthly Ritual]
Status: [Active/Renewal]
Frequency: [Monthly/Quarterly]

Description	Qty	Price	Amount
[Current Month] Self Care Box Theme: [Theme Name]	1	\$0.00	\$0.00
[Add-on Item Name]	0	\$0.00	\$0.00

Subtotal \$0.00
Shipping \$0.00
Tax \$0.00
Total \$0.00

Thank you for choosing Glow & Rest for your wellness journey.

[Company Website] | [Support Email] | [Return Policy Link]