# INVOICE

[Trainer Name / Gym Name]
[Certification ID / Business Number]

**Invoice #:** [000]
**Date:** [MM/DD/YYYY]
**Due Date:** [MM/DD/YYYY]

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**TRAINER CONTACT**
[Street Address]
[City, State, Zip]
[Phone Number]
[Email Address]

**BILL TO (CLIENT)**
[Client Name]
[Client Phone]
[Client Email]

| Description of Service | Qty/Hrs | Rate | Amount |
|---|---|---|---|
| [e.g., 1-on-1 Personal Training Session] | [0] | $0.00 | $0.00 |
| [e.g., Customized Nutrition Plan] | [0] | $0.00 | $0.00 |
| [e.g., Monthly Gym Access Fee] | [0] | $0.00 | $0.00 |

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

**PAYMENT INSTRUCTIONS / NOTES**

Please make checks payable to [Trainer/Gym Name].
Accepted payment methods: [Zelle, Venmo, Credit Card, Cash].
*Note: 24-hour cancellation policy applies to all sessions.*