INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Billing Period: [Start Date] - [End Date]

Trainer / Facility:
[Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]
Bill To:
[Client Name]
[Client Address]
[Client Email]
[Membership ID]

Description	Weekly Rate	Weeks	Amount
[Subscription Tier Name] - Personal Training	$0.00	[Number]	$0.00
[Additional Services/Add-ons]	$0.00	-	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Status: [Paid / Pending]

Note: Subscription renewals occur automatically every Monday unless cancelled 48 hours in advance.

Thank you for choosing [Business Name] for your fitness journey!