

GLOWBOX MONTHLY

INVOICE NUMBER

#INV-0000

DATE

[Date]

BILL TO:

[Customer Name]

[Shipping Address]

[City, State, Zip]

SUBSCRIPTION PLAN:

[Plan Name - e.g., Deluxe Beauty Edit]

Status: [Active/Renewal]

Description	Cycle	Amount
Monthly Beauty Subscription Box - [Month] Edition	1 Month	\$0.00
Add-on: [Optional Item]	-	\$0.00

Subtotal \$0.00

Shipping \$0.00

Tax \$0.00

Total \$0.00

Thank you for being a GlowBox member!

Questions? Contact support@glowboxexample.com