

STYLEBOX

[Company Address]
[City, State, Zip]

INVOICE

Date: [Date]
Invoice #: [00000]

BILL TO:

[Customer Name]
[Billing Address]
[City, State, Zip]

SUBSCRIPTION DETAILS:

Plan: [Monthly/Quarterly]
Billing Period: [Month, Year]
Status: [Paid/Pending]

ITEM DESCRIPTION	QTY	PRICE	AMOUNT
Monthly Styling Fee (Credited towards purchase)	1	\$0.00	\$0.00
[Item Name 1] - [Size/Color]	1	\$0.00	\$0.00
[Item Name 2] - [Size/Color]	1	\$0.00	\$0.00

ITEM DESCRIPTION**QTY****PRICE****AMOUNT**

[Item Name 3] - [Size/Color]

1

\$0.00

\$0.00

Subtotal: \$0.00

Bundle Discount: -\$0.00

Tax: \$0.00

TOTAL: \$0.00

Thank you for choosing STYLEBOX. All returns must be postmarked within 7 days of delivery.

support@stylebox-template.com | www.stylebox-template.com