

TOY BOX MONTHLY

123 Playful Lane
Imagination City, ST 12345

INVOICE

Invoice #: [0000]
Date: [Month 00, 20XX]

Bill To:

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

Subscription Plan:

[Plan Name - e.g., Explorer Box]
Billing Cycle: [Monthly]

Description	Quantity	Unit Price	Total
[Monthly Subscription Box Name]	1	\$0.00	\$0.00
[Add-on Item / Shipping]	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

Thank you for playing with us!

Your next box is scheduled to ship on [Date]. For support, contact support@toyboxmonthly.com