

# WELLNESS BOX

[Company Address]  
[City, State, Zip]

## INVOICE

Invoice #: [00000]  
Date: [Date]  
Due Date: [Date]

### Bill To:

[Customer Name]  
[Shipping Address]  
[City, State, Zip]  
[Email]

### Subscription Plan:

[Plan Name - Monthly/Annual]  
Status: [Status]

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Monthly Wellness Curation (Theme: [Month Theme])	1	\$0.00	\$0.00
Shipping & Handling	1	\$0.00	\$0.00

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

Thank you for choosing wellness. Your next box ships on [Date].

For support, contact [Email/Phone]