INVOICE

[Your Name/Agency Name]
[Address Line 1]
[Email/Phone]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Company Name]
[Contact Name]
[Client Address]

PAYMENT TERMS:

[e.g. Net 30]
Method: [PayPal/Bank Transfer]

Service Description	Metric (Sales/Hours)	Rate/Commission	Total
Monthly Management Retainer	-	$0.00	$0.00
Affiliate Recruitment & Outreach	[Qty]	$0.00	$0.00
Performance Commission (Managed Sales)	[Revenue]	[0]%	$0.00

Service Description	Metric (Sales/Hours)	Rate/Commission	Total
Creative Assets/Ad Copy Management	-	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

NOTES & PAYMENT INSTRUCTIONS:

Please include the invoice number with your payment. Thank you for your partnership.