

ORM SERVICES CO.

INVOICE

#INV-001
Date: [Date]
Due Date: [Date]

FROM

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

BILL TO

[Client Name]
[Client Business]
[Address Line 1]

Service Description	Rate	Qty	Total
Negative Content Suppression / SEO	\$0.00	1	\$0.00
Online Review Monitoring & Management	\$0.00	1	\$0.00
Brand Sentiment Analysis Report	\$0.00	1	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Amount Due: \$0.00

PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Direct bank transfer to: [Bank Details].

Thank you for your business.