

INVOICE

Senior Fitness Solutions

INVOICE #: _____

DATE: _____

TRAINER / PROVIDER

[Name/Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

CLIENT / MEMBER

[Client Name]
[Street Address]
[City, State, Zip]
[Phone]

Description of Services	Sessions/Hours	Rate	Amount
Personalized Mobility & Strength Session		\$	\$
Group Balance & Fall Prevention Class		\$	\$
Nutrition & Wellness Consultation		\$	\$

Description of Services	Sessions/Hours	Rate	Amount
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Monthly Program Maintenance Fee		\$	\$
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Subtotal: \$ _____

Tax / Discount: \$ _____

TOTAL DUE: \$ _____

PAYMENT INSTRUCTIONS

Please make checks payable to _____ or pay via [Payment Platform]. Payment is due within [Number] days of invoice date.

Thank you for choosing us to support your health and longevity!