

# INVOICE

**[Your Agency Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

**Invoice #:** [00001]

**Date:** [Date]

**Due Date:** [Date]

BILL TO:

**[Client Company Name]**

[Client Contact Person]

[Street Address]

[City, State, Zip]

PROGRAM DETAILS:

**Network:** [Network Name]

**ID:** [Merchant ID]

**Period:** [Month, Year]

Description	Metric	Rate/Commission	Total
Program Management Fee (Monthly Retainer)	1 Month	\$0.00	\$0.00
Performance Override (% of Sales)	[\$0.00] Revenue	[0]%	\$0.00
New Affiliate Recruitment & Onboarding	[0] Partners	\$0.00	\$0.00
Creative/Asset Management	[0] Units	\$0.00	\$0.00

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

PAYMENT INSTRUCTIONS

Please make checks payable to **[Your Agency Name]**.  
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your business!*