INVOICE

Retainer Services

INVOICE NUMBER
#0000

DATE
MM/DD/YYYY

FROM

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

BILL TO

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

DESCRIPTION OF SERVICE RETAINER	PERIOD	AMOUNT
Creative Services Retainer Includes: [Graphic Design / Copywriting / Strategy]	[Month, Year]	$0.00
Additional Overage Hours [Number] hours @ $[Rate]/hr	-	$0.00

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

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Name]. For bank transfers: [Account Details]. Payment is due within [Number] days of receipt.