RETAINER INVOICE

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

BILL TO:
[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]

INVOICE NUMBER [INV-001] **BILLING PERIOD** [Month, Year]

INVOICE DATE [Date] **DUE DATE** [Date]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Monthly Marketing Retainer Strategic planning, account management, and recurring services.	1	$0.00	$0.00
Additional Services/Overage Approved services outside of retainer scope.	0	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

TOTAL DUE: $0.00

Payment Instructions: [Bank Name] | Account: [Number] | Wire/ACH: [Routing]

Notes: Retainer fees are due at the commencement of the billing cycle. Thank you for your business.