INVOICE

Invoice #: _____
Date: _____

AFFILIATE INFO

Name/Company
Address Line 1
City, State, Zip
Email / ID

BILL TO

Merchant/Network Name
Address Line 1
City, State, Zip
Contact Person

Campaign / Product	Metric (Sales/Leads)	Quantity	Rate/CPA	Amount

Subtotal: $0.00
Bonus/Adj: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Payment Method: [PayPal / Wire / ACH]
Account Details: _____
Notes: Performance period from [Date] to [Date]