# RETAINER INVOICE

[Law Firm Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

**Invoice #:** [0000]
**Date:** [Date]
**Matter ID:** [Case Reference]

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**Bill To:**

[Client Name]
[Business Name]
[Address Line 1]
[City, State, Zip]

| Description of Legal Services | Amount |
| --- | --- |
| Initial Retainer Deposit for Business Law Representation: [Matter Name] | $0.00 |

Subtotal: $0.00

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**Total Retainer Due: $0.00**

**Payment Instructions:**

Please make checks payable to **[Law Firm Name] Trust Account**. For wire transfers, please use the following details: [Bank Name / Account Details].

*Note: These funds will be held in a dedicated IOLTA/Trust account and applied against future billable hours and expenses as outlined in the Legal Representation Agreement.*