

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]
Matter ID: [Case Reference]

BILL TO: [Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]
PAYMENT TERMS: Retainer Due Upon Receipt
Method: [Wire Transfer/Check/ACH]

| Description of Legal Services / Retainer Type | Amount |
|---|--------|
| Professional Services Retainer Initial deposit for ongoing corporate legal representation and advisory. | \$0.00 |
| Administrative/Filing Fees Allocation Advance for anticipated regulatory and governmental filing costs. | \$0.00 |
| <hr/> Subtotal: \$0.00 Tax: \$0.00 Total Retainer Due: \$0.00 | |

Wire Instructions: Bank: [Name] | Account: [Number] | Routing: [Number]

Please note: This retainer will be held in a client trust account (IOLTA) and applied against future billable hours and disbursements. Monthly statements detailing applications against this retainer will be provided.