

RETAINER INVOICE

Invoice #: [0000]
Date: [Date]

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

BILL TO:

[Client Company Name]
[Attn: Contact Person]
[Street Address]
[City, State, Zip]

MATTER DETAILS:

Matter Ref: [Case Number/Name]
Attorney: [Lead Counsel Name]
Due Date: [Upon Receipt]

Description of Legal Services	Amount
Initial Retainer Deposit for Corporate Legal Representation (To be held in IOLTA/Trust Account)	\$0.00

Total Retainer Required: \$0.00

Payment Instructions: Please make checks payable to "[Law Firm Name] Trust Account" or contact our billing department for wire transfer instructions.

Note: This deposit will be held in trust and applied against future billable hours and disbursements in accordance with the signed Engagement Letter.