

LAW OFFICE OF [NAME]

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

INVOICE NUMBER

DATE

[MM/DD/YYYY]

CLIENT / CORPORATION

[Company Name]
[Attention To]
[Address Line 1]
[Address Line 2]

MATTER REFERENCE

[Matter Name/ID Number]
Retainer Period: [Month, Year]

Description of Services / Retainer Type	Hours/Unit	Rate	Amount
Monthly Corporate Retainer Fee	-	\$0.00	\$0.00
Additional Legal Services (Exceeding Cap)	0.0	\$0.00	\$0.00
Reimbursable Expenses / Filing Fees	-	-	\$0.00

Subtotal: \$0.00

Applied Credits: (\$0.00)

Total Balance Due: \$0.00

Payment Terms: Due within [X] days of invoice date. Please make checks payable to "[Law Firm Name]" or contact us for wire instructions.

Thank you for your continued partnership.