[AGENCY NAME]

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

RETAINER INVOICE

Invoice #: [000-000]
Date: [Date]
Period: [Month, Year]

BILL TO

[Client Company]
[Contact Name]
[Address]
[City, State, Zip]

PAYMENT DETAILS

Status: Net [30]
Due Date: [Date]
Method: [Bank Transfer/ACH]

DESCRIPTION OF SERVICE	ALLOCATION	AMOUNT
Monthly Video Production Retainer [Details: e.g., 2x Social Ads, Monthly Strategy, Editing]	[20 Hours]	$0.00
Overages / Add-ons [Description of additional deliverables]	[N/A]	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Notes: [Insert Terms, e.g., Unused hours do not roll over unless specified.]

Thank you for your continued partnership.