

INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

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

Description of Services	Hours/Qty	Rate	Total
Business Credit Profile Analysis		\$	\$
DUNS/Experian/Equifax Optimization		\$	\$
Trade Line Development Consulting		\$	\$
Funding Strategy & Readiness Review		\$	\$

Subtotal: \$0.00

Tax / Fees: \$0.00

Total Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Consulting Firm Name] or pay via [Wire/Online Link].

Terms: Payment is due within [X] days. Thank you for your business.