

# [CONSULTANCY NAME]

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

## INVOICE

**BILL TO:**

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

**Invoice #:** [00000]  
**Date:** [Month DD, YYYY]  
**Due Date:** [Month DD, YYYY]  
**Project:** Corporate Credit Analysis

Service Description	Hours/Qty	Rate	Amount
Business Credit Profile Audit & Risk Assessment	[0.0]	[\$[0.00]]	[\$[0.00]]
Lien & Public Record Resolution Consulting	[0.0]	[\$[0.00]]	[\$[0.00]]

Service Description	Hours/Qty	Rate	Amount
Trade Line Optimization Strategy	[0.0]	[\$[0.00]]	[\$[0.00]]
Subtotal: \$[0.00]			
Tax (0%): \$[0.00]			
<b>TOTAL DUE: \$[0.00]</b>			

**Payment Instructions:**

Please make checks payable to [Consultancy Name]. For wire transfers: [Bank Name] | Acc: [00000000] | Routing: [000000000]

Terms: Net [30] days. Late payments may be subject to a [0]% monthly interest charge.