

# INVOICE

Credit Portfolio Management Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## FROM

**[Firm Name]**  
[Street Address]  
[City, State, Zip]  
[Tax ID/VAT]

## BILL TO

**[Client Name]**  
[Client Address]  
[Attention: Department]  
[Portfolio Reference]

Service Description	Portfolio Value / Basis	Rate/Fee	Amount
Asset Management Fee - [Period]	\$ 0.00	0.00%	\$ 0.00
Risk Assessment & Credit Monitoring	-	-	\$ 0.00

<b>Service Description</b>	<b>Portfolio Value / Basis</b>	<b>Rate/Fee</b>	<b>Amount</b>
Reporting & Compliance Oversight	-	-	\$ 0.00

Subtotal: \$ 0.00

Tax/VAT: \$ 0.00

Total Balance Due: \$ 0.00

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### **PAYMENT INSTRUCTIONS**

Bank: [Bank Name] | Account: [Number] | SWIFT: [Code]

Please include Invoice Number as payment reference.

Payment Terms: Net 30 Days.