

[Business Name]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]

BILL TO:

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

Description of Consulting Services	Qty/Hrs	Rate	Amount
Credit Report Analysis & Audit	1	\$0.00	\$0.00
Bureau Dispute Processing (Experian, Equifax, TransUnion)	1	\$0.00	\$0.00
Creditor Intervention & Correspondence	1	\$0.00	\$0.00
Monthly Credit Coaching Consultation	1	\$0.00	\$0.00

Subtotal: \$0.00

Total Balance Due: \$0.00

Payment Terms: Due within [X] days. Please make checks payable to [Business Name].

Note: This service is governed by the Credit Repair Organizations Act (CROA). Fees are charged only for services rendered.