

# Credit Restoration Services

[Business Address Line 1]

[City, State, Zip]

[Phone Number]

## INVOICE

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

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

### Client Information:

[Client Name]

[Client Address]

[Client Email]

### Payment Terms:

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

Method: \_\_\_\_\_

Service Description	Bureau(s)	Qty/Items	Rate	Amount
Initial Audit & Consultation	-	1	\$	\$
Inaccurate Item Dispute (Round ___)	[EQ/EX/TU]		\$	\$
Inquiry Removal Services	[EQ/EX/TU]		\$	\$
Monthly Credit Monitoring/Maintenance	-		\$	\$

Subtotal: \$ \_\_\_\_\_

Discounts: (\$ \_\_\_\_\_)

**Total Due: \$ \_\_\_\_\_**

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**Note:** Fees are charged only for services previously performed in accordance with the Credit Repair Organizations Act (CROA).

Thank you for your business.