

Credit Wellness Consulting

123 Financial Way
Suite 500
City, State, ZIP

INVOICE

Invoice #: _____

Date: _____

Client Info:

Payment Terms:

Due upon receipt

Service Description	Hours/Qty	Rate	Total
Credit File Analysis & Audit		\$	\$
Monthly Credit Coaching Session		\$	\$
Bureau Dispute Documentation		\$	\$

Service Description	Hours/Qty	Rate	Total
Debt Validation Management		\$	\$
Subtotal: \$ _____			
Tax: \$ _____			
Total Amount: \$ _____			

Payment Instructions:

Please make checks payable to Credit Wellness Consulting or pay via secure online portal.

Thank you for choosing us to assist with your financial journey.