

# INVOICE

[Consultant Name/Agency]  
[Business Address]  
[Phone Number]  
[Email/Website]

INVOICE #  
[000]

DATE  
[MM/DD/YYYY]

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**BILL TO:**

[Client Name]  
[Client Address]  
[Client Phone]

**PAYMENT DUE:**

[MM/DD/YYYY]

Service Description	Quantity/Hours	Rate	Amount
Credit Report Analysis & Audit		\$	\$
Bureau Dispute Processing		\$	\$
Debt Validation / Inquiry Removal		\$	\$

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Service Description	Quantity/Hours	Rate	Amount
Consultation Fee		\$	\$
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Subtotal: \$0.00			
Tax/Fees: \$0.00			
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**Total Due: \$0.00**

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**PAYMENT INSTRUCTIONS & TERMS**

Please make checks payable to: **[Consultant Name]**  
Electronic Payment: [Zelle/Venmo/PayPal Details]  
Late payments may be subject to a fee of [Percentage]% per month.

*Thank you for choosing professional credit consulting services.*