

[CONSULTING FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]

BILL TO:

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

SERVICE SUMMARY:

Credit Consulting Services
Period: [Date] to [Date]
Account ID: [Reference #]

Description of Service	Hours/Qty	Rate	Total
Credit Report Analysis & Audit	[0.0]	[\$[0.00]]	[\$[0.00]]
Bureau Dispute Processing	[0.0]	[\$[0.00]]	[\$[0.00]]

Description of Service	Hours/Qty	Rate	Total
Strategic Credit Building Consultation	[0.0]	[\$0.00]	[\$0.00]
Subtotal: \$[0.00]			
Tax / Fees: \$[0.00]			
Total Amount Due: \$[0.00]			

Payment Instructions: Please make checks payable to [Company Name] or pay via [Payment Link/Method].

Thank you for choosing [Consulting Firm Name] for your credit management needs.