[LAW FIRM NAME]

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

CREDIT INVOICE

Date: [Date]
Invoice #: [Number]

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
Ref: [Matter/Case Number]

PAYMENT STATUS

Trust Balance: $[0.00]
Due Date: [Date]
Terms: [Terms]

Date	Description of Services / Disbursements	Hours / Qty	Rate	Amount
[Date]	[Service Description]	[0.00]	$[0.00]	$[0.00]
[Date]	[Service Description]	[0.00]	$[0.00]	$[0.00]
[Date]	[Expense/Filing Fee]	-	-	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
Credits/Adjustments: ($[0.00])
Total Amount Due: $[0.00]

Payment Instructions: Please make checks payable to "[Law Firm Name]" or contact us for wire instructions. Please include Invoice #[Number] with your payment.

Thank you for choosing [Law Firm Name] for your legal representation.