[YOUR NAME/STUDIO]
VISUAL IDENTITY CONSULTANT

INVOICE

#INV-001
Date: [Date]

FROM
[Your Address]
[Your Email]
BILL TO
[Client Name/Company]
[Client Address]

SERVICE DESCRIPTION	RATE	QTY	AMOUNT
Brand Strategy & Research	$0.00	1	$0.00
Logo Design & Visual Assets	$0.00	1	$0.00
Typography & Color System Development	$0.00	1	$0.00
Brand Guidelines Documentation	$0.00	1	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total: $0.00

Payment Details

Bank: [Bank Name]
Account: [Account Number]
SWIFT/IBAN: [Details]

Terms: Please pay within 15 days.