INVOICE

[Advisory Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Client Information:
[Client Name]
[Company Name]
[Client Address]
Payment Instructions:
Bank: [Bank Name]
SWIFT/BIC: [Code]
Account: [Number]

Service Description	Rate/Basis	Hours/Qty	Total
Portfolio Management Fee (Q[X])	[% or Flat Rate]	-	$0.00
Financial Planning Consultation	$0.00/hr	0.0	$0.00
Retirement Strategy Review	Flat Fee	1	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount: $0.00

Notes:

Thank you for your continued trust in our financial advisory services. Please make checks payable to "[Advisory Firm Name]". Late payments are subject to a [X]% monthly interest fee.