

ISSUED BY

[Your Name/Firm]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

BILL TO

[Client Name]

[Company Name]

[Address Line 1]

[Tax ID/Reference]

Description of Services	Hours/Qty	Rate	Amount
Portfolio Analysis & Risk Assessment	0.0	\$0.00	\$0.00
Strategic Asset Allocation Planning	0.0	\$0.00	\$0.00
Tax Optimization Strategy	0.0	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
Account Name: [Name]
Account / SWIFT: [Numbers]
Due Date: [Net 30]

Thank you for your partnership.