# INVOICE

Market Positioning Research Services

**INVOICE DETAILS**

No: [Invoice #]
Date: [Date]

**FROM**

**[Consultant/Agency Name]**
[Street Address]
[City, State, Zip]
[Email/Phone]

**BILL TO**

**[Client Company Name]**
[Contact Name]
[Street Address]
[City, State, Zip]

| Service Description | Hours/Qty | Rate | Total |
|---|---|---|---|
| Competitor Benchmarking & Analysis | --- | --- | $0.00 |
| Target Audience Segmentation Study | --- | --- | $0.00 |
| Brand Differentiation Strategy Map | --- | --- | $0.00 |
| Value Proposition Development | --- | --- | $0.00 |

Subtotal $0.00

Tax (0%) $0.00
Amount Due $0.00

**PAYMENT TERMS**

Please remit payment within [Number] days via [Payment Method].
Thank you for your business.