HEALTH CLUB

123 Fitness Way, Gym City, 90210
contact@healthclub.com

INVOICE

Date: _____
Invoice #: _____

Member Details:

Name: _____
Member ID: _____
Address: _____

Billing Period:

From: _____
To: _____

Description	Qty	Unit Price	Amount
Membership Subscription Fee			
Personal Training Sessions			
Locker/Towel Service			
Other: _____			

Subtotal	**$ _____**
Tax (____%)	**$ _____**
TOTAL DUE	**$ _____**

Payment Terms: Please pay by the 1st of the month. A late fee may apply after the 5th.

Thank you for choosing Health Club for your fitness journey!