[FITNESS COMPANY NAME]

[Address Line 1]
[City, State, Zip]

INVOICE

Invoice #: [0000]
Date: [Date]

BILL TO:

[Corporate Client Name]
[Department / Contact Person]
[Client Address]
[Client Email]

SUBSCRIPTION PERIOD:

[Start Date] to [End Date]
Payment Terms: [Net 30]

Description	Qty / Employees	Unit Price	Total
[Tier Name] Fitness Membership Subscription	[0]	$[0.00]	$[0.00]
[Optional: On-site Personal Training Sessions]	[0]	$[0.00]	$[0.00]
[Optional: Health Risk Assessment Fee]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Due: $[0.00]

Payment Instructions:
Please make checks payable to [Fitness Company Name] or pay via wire transfer to [Bank Details].

Thank you for investing in your employees' health and wellness.