INVOICE

Gym Name / Branding

Invoice #: _____

Date: _____

FROM:

Gym Name Line 1
Address Line 2
Email/Phone

BILL TO:

Member Name: _____
Member ID: _____
Address: _____

Description	Billing Period	Amount
Monthly Membership Subscription	___/___/___ to ___/___/___	$ _____
Locker Rental / Add-ons	-	$ _____

Subtotal: $ _____
Tax: $ _____

TOTAL: $ _____

Payment Method: Autopay / Credit Card / Cash

Notes: Thank you for being a valued member. Please contact support for billing inquiries.