[FACILITY NAME]

INVOICE #[000]

FACILITY INFORMATION

[Street Address]
[City, State, Zip]
[Phone Number]

BILL TO

[Member Name]
[Member ID]
[Email Address]

INVOICE DATE

[Date]

BILLING PERIOD

[Start Date] to [End Date]

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Strength Training Subscription - [Plan Name]	1	$0.00	$0.00
Add-on: [Personal Training/Locker/Towel Service]	0	$0.00	$0.00

Subtotal $0.00
Tax $0.00
Amount Due $0.00

NOTES

Payment is due within [Number] days. Late fees may apply to overdue balances. Thank you for training with us.