# INVOICE

**[Nutrition Business Name]**
[Address Line 1]
[City, State, Zip]
[Email/Phone]

**RECURRING BILLING**

**Invoice #:** [00000]
**Date:** [MM/DD/YYYY]
**Billing Period:** [Start Date] - [End Date]

## Bill To:

[Client Name]
[Client Address]
[Client Email]

| Description | Frequency | Amount |
|---|---|---|
| [Service Name: e.g., Monthly Personalized Meal Planning] | Monthly | $0.00 |
| [Service Name: e.g., Weekly Coaching Session] | Weekly (x4) | $0.00 |
| [Service Name: e.g., Supplement Portal Maintenance] | Monthly | $0.00 |

Subtotal: $0.00

Tax: $0.00

# Total Amount: $0.00

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### Recurring Payment Details

**Next Auto-pay Date:** [MM/DD/YYYY]
**Payment Method:** [Visa/MC/Bank Transfer] ending in []
*Charges will be applied automatically on the first day of each billing cycle.*

Thank you for choosing [Nutrition Business Name] for your health and wellness journey.

To cancel or modify your recurring plan, please provide [X] days notice via email.