

AGENCY NAME

123 Creative Ave, Studio 4
New York, NY 10001
contact@agency.com

INVOICE

#INV-0000
Date: [Date]
Due Date: [Date]

BILL TO

Client Company Name
Address Line 1
City, State, Zip
Attn: Contact Name

SUBSCRIPTION PERIOD

[Start Date] - [End Date]

Description	Frequency	Amount
Monthly Retainer: Creative & Strategic Services Social media management, ad copywriting, and campaign monitoring.	Monthly	\$0,000.00
Platform Management Fee Reporting dashboard access and API integrations.	Monthly	\$0,000.00
Subtotal \$0,000.00 Tax (0%) \$0.00 Total Due \$0,000.00		

Payment Instructions: Wire Transfer / ACH preferred. Please include Invoice # in memo.

Thank you for your partnership.