

INVOICE

[Illustrator Name/Studio]
[Address Line 1]
[Email/Phone]

Invoice #: [000-000]

Date: [Month Day, Year]

Due Date: [Month Day, Year]

CLIENT / LICENSEE

[Company Name]
[Contact Person]
[Billing Address]
[VAT/Tax ID]

PROJECT REFERENCE

Project: [Project Name]
PO Number: [Reference #]

Description of Illustration Services	Amount
[Illustration Title/Description]	[0.00]
[Revisions/Add-ons]	[0.00]

LICENSING & COMMERCIAL RIGHTS GRANTED

Usage Type: [e.g., Advertising, Editorial, Merchandising]

Territory: [e.g., Worldwide / North America Only]

Duration: [e.g., 2 Years / Perpetual]

Exclusivity: [e.g., Exclusive / Non-Exclusive]

Media: [e.g., Digital, Print, Social Media, TV]

*Rights are transferred only upon receipt of full payment.

Subtotal: [0.00]

Tax ([0]%): [0.00]

Total Amount: [Currency] [0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account Name: [Name] | SWIFT/BIC: [Code] | IBAN/Account: [Number]

Thank you for your business.