

INVOICE

[Invoice Number]

Date: [Date]

PAYABLE TO: **[Affiliate Name/Company]**

[Address Line 1]

[Email/Contact]

BILL TO: **[Company/Merchant Name]**

[Department]

[Address Line 1]

PAYMENT TERMS: [e.g. Net 30]

AFFILIATE ID: [ID Number]

Description / Campaign	Sales/Leads	Rate	Amount
[Program Name] - Commission [Month]	[Qty]	[Rate]% / [Flat Fee]	\$0.00
[Campaign Name] - Bonus/Incentive	-	-	\$0.00

Subtotal: \$0.00

Total Commission Due: \$0.00

Payment Instructions:

Bank Name: [Bank Name]

SWIFT/IBAN: [Details]

PayPal: [Email Address]

Thank you for your partnership.