INVOICE

[Your Company Name]
[Address Line 1]
[Email/Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Client Address]
[Client Tax ID]

Payment Terms:

[e.g. Net 30]
Due Date: [MM/DD/YYYY]

Referral Description / Lead	Revenue Amount	Tier / Rate	Fee
[Referral Name A]	$[0,000.00]	[Tier 1: 5%](Up to $10k)	$[000.00]
[Referral Name B]	$[0,000.00]	[Tier 2: 10%]($10k - $50k)	$[000.00]
[Referral Name C]	$[0,000.00]	[Tier 3: 15%](Above $50k)	$[000.00]

Subtotal: $[000.00]
Tax (if applicable): $[00.00]

Total Due: $[000.00]

Payment Instructions:
[Bank Name] | [Account Number] | [SWIFT/IBAN]

Thank you for your business.