TYPOGRAPHY DESIGN
Invoice No: [000]

DATE
[Month Day, Year]

DESIGNER **[Name / Studio]**
[Address Line 1]
[Email / Phone]
CLIENT **[Client Name / Company]**
[Project Reference]
[Billing Address]

SERVICE DESCRIPTION	QUANTITY	AMOUNT
[Custom Typeface Design / Logotype Construction]	[0]	$0.00
[Type Setting & Layout Specifications]	[0]	$0.00
[Licensing & Usage Rights]	[0]	$0.00

TOTAL BALANCE DUE

USD $0.00

NOTES & PAYMENT TERMS

Please include invoice number with payment. Net [30] days. Payment via [Transfer Details/Method].