[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT / BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Phone/Email]

STAGING PROPERTY

[Property Address]
[MLS Number if applicable]
[Realtor Name]

SERVICE DESCRIPTION	QTY/HOURS	RATE	TOTAL
Initial Consultation Walkthrough, recommendations, and report	1	$0.00	$0.00
Furniture Rental & Placement Living room, Dining, Master Suite (30-day lease)	1	$0.00	$0.00

SERVICE DESCRIPTION	QTY/HOURS	RATE	TOTAL
Accessory & Decor Package Art, rugs, lighting, and soft goods	1	$0.00	$0.00
Labor: Install & De-Staging Professional movers and design team labor	[Qty]	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Balance Due: $0.00

Terms & Conditions:
Inventory is leased for a period of [30/60] days. Extension fees apply thereafter. Insurance for rented items is the responsibility of the [Client/Homeowner] while on site. Please make checks payable to [Company Name].