INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0001]
Date: [Date]
Due Date: [Date]

Client / Bill To:

[Client Name]
[Property Address]
[City, State, Zip]

Project Details:

Property Size: [Sq Ft]
Staging Duration: [Months]
Agent Name: [Name]

SERVICE DESCRIPTION	QTY/MONTHS	RATE	AMOUNT
Staging Consultation Initial walk-through and design plan.	1	$0.00	$0.00
Full Service Staging (Installation) Furniture rental, art, and decor setup.	1	$0.00	$0.00

SERVICE DESCRIPTION	QTY/MONTHS	RATE	AMOUNT
Monthly Rental Fee Inventory lease for property marketing.	1	$0.00	$0.00
De-Staging & Logistics Packing, removal, and transport.	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Terms: Net [30] days. Please make checks payable to [Your Company Name].

Notes: Staging services are subject to the terms of the signed staging agreement.