

INVOICE

[Your Business Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice #: [0001]

Date: [Month Day, Year]

Due Date: [Month Day, Year]

BILL TO:

[Client Name]

[Property Address]

[City, State, Zip]

[Phone/Email]

PROJECT PROPERTY:

[Property Address or MLS #]

[Staging Type: e.g., Occupied/Vacant]

DESCRIPTION OF SERVICES	QTY/HRS	RATE	AMOUNT
Initial Consultation & Property Assessment	1	\$0.00	\$0.00
Furniture & Decor Rental (Monthly)	-	\$0.00	\$0.00
Installation & Styling Labor	-	\$0.00	\$0.00
De-staging / Removal Fee	1	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Payment Instructions: Please make checks payable to [Your Business Name] or pay via [Preferred Method].

Terms: Payment is due within [Number] days. A late fee of [Percentage] may apply to overdue balances.

Thank you for choosing us to style your home!