[COMPANY NAME]

Home Staging & Interior Styling

INVOICE

[0000]
[Date]

SERVICE PROVIDER

[Address Line 1]
[City, State, Zip]
[Email/Phone]

CLIENT / PROPERTY

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

Service Description	Qty / Weeks	Rate	Amount
Initial Consultation & Design Plan	1	$0.00	$0.00
Furniture Rental & Placement (Main Areas)	1	$0.00	$0.00
Art & Accessory Package	1	$0.00	$0.00
Inventory De-staging Fee	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Terms: Due within [X] days. Please include invoice number with payment.

Note: Furniture remains the property of [Company Name] until the end of the staging term.