HOME STAGING CO.

123 Design Street
City, State, Zip
email@example.com

INVOICE

#INV-001
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name / Agency]
[Street Address]
[City, State, Zip]
[Property Address if Different]

PROJECT PROPERTY

[MLS Number]
[Property Street Address]
[Property City, State]

SERVICE DESCRIPTION	RATE	QTY	TOTAL
Initial Consultation Walk-through and staging recommendation report.	$0.00	1	$0.00
Staging Service (Monthly Furniture Rental)	$0.00	1	$0.00

SERVICE DESCRIPTION	RATE	QTY	TOTAL
Living room, Dining, Primary Suite, and Kitchen.			
Installation & Styling Fee Moving, setup, and professional styling.	$0.00	1	$0.00
De-staging Fee Removal of all items and cleaning.	$0.00	1	$0.00

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

Payment Terms: Please make checks payable to "Home Staging Co." Net 15 days. A late fee of 5% applies after the due date.

Notes: Rental insurance is required for all staged properties during the contract period.