

# [AGENCY NAME]

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

## RETAINER INVOICE

**Invoice #:** [000]  
**Date:** [Date]  
**Due Date:** [Date]

### BILLED TO:

[Client Name]  
[Company Name]  
[Client Address]  
[Client Email]

### PERIOD:

[Start Date] to [End Date]

Service Description	Hours/Qty	Rate	Total
Monthly Agency Retainer - [Plan Name] Design, Development, and Strategy Support	1	\$0.00	\$0.00
Additional Credits / Overage	0	\$0.00	\$0.00

Subtotal: \$0.00  
Tax (0%): \$0.00

---

**Total Amount: \$0.00**

**Payment Instructions:**

Please make checks payable to [Agency Name] or pay via [Bank/Transfer Method].  
Account: [Number] | Routing: [Number]

*Thank you for your continued partnership!*