

[FITNESS CENTER NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [000000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Corporate Client Name]
[Attn: Accounts Payable]
[Street Address]
[City, State, Zip]

MEMBERSHIP PERIOD:

[Start Date] to [End Date]
Account ID: [CORP-ID-000]

Description	Qty / Members	Rate	Amount
Corporate Tier Membership - Level [X]	[00]	[\$[0.00]]	[\$[0.00]]
Additional Locker Services	[00]	[\$[0.00]]	[\$[0.00]]
Group Training Sessions (Monthly Pass)	[00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax Rate: [0.00]%

Total Due: \$[0.00]

Notes: Please include the Invoice Number with your ACH transfer or Check payment. All memberships are subject to the terms of the Corporate Wellness Agreement.

Thank you for investing in your team's health!