

# [STUDIO NAME]

[Address Line 1]

[Phone Number]

[Website/Email]

## INVOICE

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

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### Member Details:

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Rank/Belt: \_\_\_\_\_

### Billing Period:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Description	Qty	Rate	Amount
Membership Dues (Monthly/Annual)			
Testing/Grading Fees			
Equipment/Uniform (Gi/Safety Gear)			

Description	Qty	Rate	Amount
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Late Fee / Other

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**Subtotal:** \_\_\_\_\_

**Tax:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Payment Terms: Due upon receipt. Please make checks payable to "[Studio Name]".

*"Respect All, Fear None."*