

[STUDIO NAME]

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

INVOICE

Date: [Date]
Invoice #: [0000]

BILL TO:

[Member Name]
[Member Address]
[Email Address]

BILLING PERIOD:

[Month, Year]
Due Date: [Date]

Description	Qty/Sessions	Rate	Amount
Monthly Pilates Membership ([Tier Name])	1	\$0.00	\$0.00
Additional Private Sessions	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to **[Studio Name]**. For credit card payments or bank transfers, please use the link provided in your email or visit the front desk. Late fees may apply after the 5th of the month.