

INVOICE

Art Consultant Services

INVOICE NUMBER

DATE

CONSULTANT / AGENCY

Email: _____

BILL TO

Project: _____

DESCRIPTION OF SERVICES / ARTWORK	RATE / COMMISSION %	QUANTITY	AMOUNT
_____	_____	_____	\$0.00
_____	_____	_____	\$0.00
_____	_____	_____	\$0.00

Subtotal \$0.00

Tax / VAT \$0.00

Total Due \$0.00

PAYMENT INSTRUCTIONS

Bank: _____

Account Name: _____

Account / IBAN: _____

SWIFT / BIC: _____

Terms: Payment is due within ___ days. Thank you for your business.