TYPOGRAPHY STUDIO

123 Typeface Lane
Glyph City, ST 90210
contact@typestudio.com

INVOICE

No: #0000
Date: [Date]
Due: [Date]

BILL TO

[Client Name]
[Street Address]
[City, State, Zip]
[Email]

PROJECT

[Project Name/Description]
PO Number: [00000]

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
Custom Typeface Design - [Family Name]	-	-	$0.00
Kerning & Opentype Programming	0	$0.00	$0.00

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
Commercial Desktop Licensing	0	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
TOTAL $0.00

Payment Terms: Net 30. Please make checks payable to Typography Studio.

Bank Details: [Bank Name] | SWIFT: [Code] | Account: [Number]