INVOICE

Independent Tattoo Contractor

Invoice # _____

Date _____

CONTRACTOR INFO

Name: _____

Studio: _____

Email: _____

Phone: _____

CLIENT INFO

Name: _____

Project: _____

Email: _____

Phone: _____

Description of Service / Piece	Hours/Qty	Rate	Total

Subtotal: $ _____

Shop Minimum/Setup: $ _____

Deposit Paid: ($ _____)

Balance Due: $ _____

Payment Methods: _____

Notes: All deposits are non-refundable. Aftercare instructions provided upon completion.

Contractor Signature: _____
Client Signature: _____