INVOICE

[Shop Name]
[Shop Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____

Date: _____

LESSEE (Artist):
[Artist Name]
[Chair/Station Number]
[Phone Number]

Description of Lease / Services	Period	Amount
Chair Lease Fee (Weekly/Monthly)	___ to ___	$ 0.00
Equipment/Supply Usage Fee	-	$ 0.00
Late Fees / Other Charges	-	$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00

TOTAL DUE: $ 0.00

Payment Instructions:
Please make checks payable to [Shop Name] or pay via [Digital Payment Method].

Notes: Payments received after the due date may incur a late penalty as per the lease agreement.