

INVOICE

Your Company Name

123 Business Rd.
City, State ZIP
Email: info@company.com
Phone: (123) 456-7890

Bill To:

Client Name
Client Company
456 Client St.
City, State ZIP

Invoice #: INV-0001 **Date:** 2024-07-01 **Due Date:** 2024-07-15

Description	Qty	Unit Price	Amount
Design Services	10	\$60.00	\$600.00
Consultation	5	\$80.00	\$400.00

Subtotal: \$1,000.00
Tax (10%): \$100.00
Total: **\$1,100.00**

Payment Terms:

- Payment due within **14 days** of invoice date.
- Accepted payment methods: Bank Transfer, Credit Card, PayPal.
- Late payment may incur a **1.5% monthly fee** on unpaid balance.
- Please include the invoice number in your payment reference.

Thank you for your business! For any questions regarding this invoice, please contact us at (123) 456-7890.