

INVOICE

From:

Your Business Name
Address
Phone/Email

Invoice #: Number**Date:** **Due Date:** **Bill To:**

Client Name
Client Address
Client Phone/Email

Description of Services/Products	Quantity	Unit Price	Amount
Service/Product	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service/Product	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:			<input type="text"/>

Payment Terms:Payment is due days from the invoice date.Accepted payment methods: Bank transfer, credit card, etc.Late payments may be subject to a late fee of % per month.

Please contact us with any questions regarding this invoice.