

# INVOICE

Invoice Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

## FROM (BILLED BY)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Tax ID: \_\_\_\_\_

## TO (BILLED TO)

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ITEMIZED SERVICES/PRODUCTS

Description	Quantity	Unit Price	Total
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

## TOTALS

Subtotal: \$\_\_\_\_\_

Tax (\_\_\_%): \$\_\_\_\_\_

Discount: \$\_\_\_\_\_

**Total Due: \$\_\_\_\_\_**

## PAYMENT TERMS

Payment Terms: Net 30 (or specify): \_\_\_\_\_

Accepted Methods: \_\_\_ Bank Transfer \_\_\_ Credit Card \_\_\_ Check \_\_\_ PayPal \_\_\_ Other

Bank Details: \_\_\_\_\_

Late Fee: \_\_\_\_\_% per month on overdue amounts.

## **NOTES**

Thank you for your business. Please contact us with any questions about this invoice.

*DISCLAIMER: This template is for informational purposes only and does not constitute legal advice. Laws vary by state. Consult a licensed attorney before executing this agreement.*