

Blank Studio Photography

[Your Address Line]

[City, State, ZIP]

[Email address]

[Phone number]

INVOICE

Bill To

[Client Name]

[Client Address Line]

[City, State, ZIP]

[Email Address]

Invoice

[xxxxxxx]

Date

[MM/DD/YYYY]

Description	Qty	Unit Price	Amount
[Service/Product Name]	[1]	[0.00]	[0.00]
[Service/Product Name]	[1]	[0.00]	[0.00]
Subtotal			[0.00]
Tax			[0.00]
Total			[0.00]

Payment Terms

[Due upon receipt / Net 15 / Net 30]

Payment Methods

[Bank Transfer]

[PayPal]

[Other]

Notes

[Thank you for your business!]

Authorized Signature