

# RETAINER AGREEMENT

## RECURRING SERVICE INVOICE

Agreement No:

Date:

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### SERVICE PROVIDER (CONTRACTOR)

Company/Name:

Address:

Email/Phone:

### CLIENT (RECIPIENT)

Company/Name:

Address:

Email/Phone:

### RETAINER SCHEDULE DETAILS

Billing Cycle:

Start Date:

End Date/Term:

### PAYMENT INFORMATION

Payment Method:

Due Date:

Invoice Ref #:

### RECURRING SERVICES & RETAINER ITEMS

DESCRIPTION OF RECURRING SERVICE / HOURS INCLUDED	BILLING CYCLE	UNIT RATE / FEE	TOTAL AMOUNT
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Subtotal:

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Tax / VAT: ---

**Total Retainer Fee:** ---

**RETAINER TERMS & CONDITIONS**

1. This invoice acts as a recurring billing statement governed by the primary Retainer Agreement.
2. Payment of the Retainer Fee secures professional availability and service delivery for the billing cycle specified above.
3. Unused hours or services within the billing period do not roll over to subsequent periods unless explicitly stated in writing.
4. Payment is due in full by the due date. Late payments may result in the immediate suspension of services.

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Provider Signature & Date

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Client Signature & Date