

CONSUMER INSIGHTS CONSULTING

MARKET RESEARCH & STRATEGIC ANALYSIS

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

BILL TO

PROJECT REFERENCE

Project Name: _____

Project Code: _____

PO Number: _____

DESCRIPTION OF MARKET RESEARCH SERVICES	HOURS / QTY	RATE	TOTAL AMOUNT

Subtotal: _____

Tax/VAT: _____

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

Payment is requested within thirty (30) days of invoice date.

Bank Name: _____
Account Number: _____
Routing / Swift: _____