

Tel:
Email:
W9 / Tax ID:

INVOICE

Invoice No. _____
Date _____
Payment Terms _____
Due Date _____

CLIENT / BILL TO

Attn:
PRODUCTION DETAILS

Project Name _____
Job Number _____
PO Number _____
Director/Creative _____

DESCRIPTION	RATE / UNIT	QTY / DAYS	TOTAL AMOUNT
PRE-PRODUCTION			
PRODUCTION & SHOOT			
POST-PRODUCTION & DELIVERY			

Production Subtotal _____
Agency Fee / Markup (%) _____
Tax / VAT _____

Total Due (USD)

PAYMENT INSTRUCTIONS

Please remit payments via Wire Transfer or ACH to:

Bank Name:
Routing Number:
Account Number:
Swift Code:
Reference:

TERMS & CONDITIONS

All licensing, usage rights, and master files will be released only upon receipt of final payment. Late payments are subject to a monthly service charge of 1.5% on outstanding balances.

AUTHORIZED AGENCY REPRESENTATIVE

CLIENT ACCEPTANCE / APPROVAL