



FRANCHISE INVOICE

International Operations Division

FRANCHISOR (LICENSOR)

Entity Name:
Address:
Country:
Tax / VAT ID:
Franchise License No:
Contact Email:

FRANCHISEE (LICENSEE)

Entity Name:
Address:
Country:
Tax / VAT ID:
Franchise Outlet ID:
Territory Code:

INVOICE METADATA

Invoice Number:
Date of Issue:
Due Date:
Billing Period:

FINANCIAL METADATA

Agreement Date:
Payment Currency:
Exchange Rate Reference:
Payment Method:

CODE	DESCRIPTION / FEE CATEGORY	BASIS / GROSS SALES	RATE (%)	AMOUNT
	Royalty Fee			
	Marketing & Advertising Fund Contribution			
	Technology & System License Fee			
	Training & Support Services			
	Transfer / Supply Chain Administrative Fee			

Subtotal

Withholding Tax (if applicable)

VAT / Indirect Tax

Total Due

INTERNATIONAL WIRE TRANSFER INSTRUCTIONS**Bank Name:**

SWIFT / BIC:

Bank Address:

IBAN / Account No:

Beneficiary Name:

Routing / Transit No:

Intermediary Bank (if any):

Correspondent SWIFT:

This invoice is governed by the terms of the Master Franchise Agreement. Late payments are subject to interest penalties as specified in the agreement. All bank transfer fees are to be borne by the sender.