

RETAINER AGREEMENT

Scheduled Invoice Billing

Invoice No:

Date:

Due Date:

SERVICE PROVIDER

Company:

Contact:

Address:

Email:

CLIENT

Company:

Contact:

Address:

Email:

RETAINER SCHEDULE DETAILS

Retainer Period:

Billing Frequency:

Agreement Reference Date:

DESCRIPTION OF RETAINER SERVICES	HOURS / UNITS	RATE	TOTAL

Subtotal:

Tax / Adjustments:

Total Due:

PAYMENT TERMS & INSTRUCTIONS

PROVIDER SIGNATURE / DATE

CLIENT SIGNATURE / DATE