

RETAINER INVOICE

Invoice No: _____

Date: _____

Due Date: _____

CLIENT / BILL TO

SHIP TO / PROJECT SCOPE

RETAINER AGREEMENT TERMS

Billing Cycle:

Coverage Period:

Agreement Date:

Allotted Hours/Units:

DESCRIPTION OF SERVICES	QUANTITY	RATE	TOTAL
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax: _____

Total Due: _____

RECURRING PAYMENT TERMS

This invoice is issued under the terms of our active Retainer Agreement. Payments are scheduled to recur automatically according to your authorized billing preferences. If paying manually, please ensure payment is settled by the due date to avoid service interruption.

Payment Method:

Authorized Account:

CLIENT AUTHORIZED SIGNATURE

PROVIDER AUTHORIZED SIGNATURE