Massage Therapy Invoice

BUSINESS INFORMATION						
Business Name:						
Business Address:						
City:	State:		Zip:			
Email Address:						
Phone Number:						
Website:						
INVOICE						
Date:						
Bill to:						
Client's Name:						
Client's Address:						
City:	State:	State:		Zip:		
Email Address:						
Phone Number:						
Invoice Details:						
Invoice Number:						
Appointment Date:						
Description of Services	Quantity	Rate		Amount		

Description of	Quantity	Rate	Amount		
Services					
Subtotal:					
Tax (if applicable):					
Discount (if applicable):					
Total Due:					
PAYMENT INSTRUCTIONS					
Please make all checks payable to:					
For electronic payments, use the following details:					
Bank Name:					
Account Number:					
Sort Code:					
Other Payment Methods	:				
PAYMENT TERMS AND DUE DATE					
Please make payment w	rithin	days of receiving this	s invoice. Late payments		
may incur additional fees	s. Thank you for your pror	mpt payment.			