

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:

Zip:

Email Address:

Phone Number:

Invoice Details:

Invoice Number:

Appointment Date:

Description of Services	Quantity	Rate	Amount

Description of Services	Quantity	Rate	Amount

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 within _____ days of receiving this invoice. Late payments may incur additional fees. Thank you for your prompt payment.