

Your Company Name

123 Main Street

City, State ZIP

Phone: (123) 456-7890

Email: info@company.com

Invoice #INV-0001

Date: 2024-06-01

Due Date: 2024-06-15

Recurring: Monthly

BILLED TO

Client Name

Client Company

456 Client Road

Client City, State ZIP

Email: client@email.com

INVOICE ITEMS

| Description | Quantity | Unit Price | Amount |
|-------------------|----------|------------|-----------------|
| Product/Service A | 1 | \$100.00 | \$100.00 |
| Product/Service B | 2 | \$75.00 | \$150.00 |
| Subtotal | | | \$250.00 |
| Tax (10%) | | | \$25.00 |
| Total | | | \$275.00 |

PAYMENT DETAILS

Bank: Bank Name

Account Name: Your Company Name

Account Number: 1234567890

Routing Number: 012345678

Notes: This is a recurring invoice generated for your ongoing subscriptions/services.
Please make payment by the due date to avoid interruption of service.