

**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
<b>Total</b>	<b>\$275.00</b>

**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.