Consulting Billing Policy

Date: [Insert date]

To: [Client's Name]

[Client's Address]

Dear [Client's Name],

Thank you for choosing [Your Company Name] for your consulting needs. We are committed to providing you with the highest level of service. This letter outlines our billing policy to ensure clarity and transparency.

Billing Structure

- Hourly Rate: [\$XX.XX] per hour.
- Project-Based Fees: [Description of project fee structure].
- Retainer Fees: [Description of retainer agreements, if applicable].

Invoicing

Invoices will be issued on a [weekly/monthly] basis and will include a detailed breakdown of services rendered and hours worked. Payment is due within [30] days of receipt of the invoice.

Payment Methods

We accept the following payment methods:

- Bank Transfer
- Credit Card
- Check

Late Payment Policy

Payments not received within the due date will incur a late fee of [X%] per month until the balance is paid in full.

If you have any questions regarding this billing policy, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your understanding and for the opportunity to work with you.

Sincerely,

[Your Name] [Your Title] [Your Company Name] [Your Contact Information]