

Advance Payment Invoice

Invoice Number: 00123

Date: [Date]

From:

[Your Name]

[Your Business Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Client Name]

[Client Company Name]

[Client Address]

[City, State, Zip Code]

Consultation Services

Description: Advance payment for consultation services as agreed.

Service Date: [Service Date]

Payment Details

Total Amount Due: \$[Amount]

Payment Terms: Please make the payment by [Due Date].

Thank you for your business!

Sincerely,

[Your Name]

[Your Title]