

[Your business name]

[Street address]  
[Town, postcode]  
[Email]

INVOICE

No. INV-0001

BILL TO

[Customer name]

[Customer address]

ISSUE DATE

10 Sept 2026

DUE DATE

24 Sept 2026

| DESCRIPTION                   | QTY | UNIT PRICE | AMOUNT  |
|-------------------------------|-----|------------|---------|
| Full body massage, 60 minutes | 1   | £60.00     | £60.00  |
| Package of 4 treatments       | 1   | £220.00    | £220.00 |
| Mobile visit supplement       | 1   | £15.00     | £15.00  |

Subtotal £295.00

TOTAL DUE £295.00

PAYMENT DETAILS

Bank [Bank name]  
Account name [Account name]  
Account no. [00000000]  
Sort code [00-00-00]

NOTES

Payment due at the appointment.