

# Invoice



[Franchise Name]

[Franchise Phone Number]

[Franchise Email]

[Franchise Street 1]

[Franchise Street 2]

[Franchise City]

[Franchise State], [Franchise ZIP CODE]

[Franchise Country]

## Invoice Agreement

## Hours Purchased

Contact name: Robert Smith

Contact address

Student Name: Scarlett Smith

Subject: Biology [2nd]

Hours per subject: 10

Study hall time purchased: 10

Hourly rate: \$10.00

Study hall time purchased: 10

Discount: \$1.00

Subtotal: \$200.00

Down payment: \$10.00

Balance: \$10.00

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## Terms and Conditions

Franchise specific terms and conditions to the sale.

## Customer Signature

Robert Smith

11/2/2017

