



## FREELANCE (INDEPENDENT CONTRACTOR) INVOICE

**Bill From**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Bill To**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Invoice No.** \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Description	Quantity / Hours	Price (\$)	Total (\$)
<b>Subtotal</b>			
Sales Tax			
Other			
<b>Total</b>			

### Terms and Conditions

Thank you for your business. Please send payment within \_\_\_\_\_ days of receiving this invoice. There will be a \_\_\_\_\_% per \_\_\_\_\_ on late invoices.

# Please Choose a Payment Type



## Credit Card

☐ Visa    ☐ MasterCard    ☐ Discover    ☐ American Express

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

Zip Code \_\_\_\_\_

I authorize the above named business/individual to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_  
(cardholder name)

DATE \_\_\_\_\_



## Bank Wire

Name on Bank Account: \_\_\_\_\_

Street Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Type: \_\_\_\_\_



Email: \_\_\_\_\_

