

INVOICE

#INV-0000

Network Security Co.

123 Cyber Lane
Security City, ST 12345

BILL TO:

Client Name
Company Name
Address Line 1
City, State, Zip

SERVICE DETAILS:

Invoice Date: Month Day, Year
Payment Due: Month Day, Year
Project Ref: VULN-SCAN-000

Service Description	Assets/Nodes	Rate	Total
External Network Vulnerability Scan	0	\$0.00	\$0.00
Internal Infrastructure Assessment	0	\$0.00	\$0.00
Reporting & Remediation Consultation	-	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Amount Due: \$0.00

PAYMENT TERMS:

Please include invoice number with payment. All payments are due within 30 days. Technical findings are delivered via secure portal upon receipt of payment.