

INVOICE

Data Center Infrastructure Services

Invoice #: [000000]

Date: [Date]

Due Date: [Date]

Provider:

[Company Name]

[Facility Address]

[City, State, Zip]

[Tax ID / VAT]

Client:

[Client Name]

[Department / Account]

[Billing Address]

[Client PO Number]

SERVICE DESCRIPTION	METRIC / QUANTITY	UNIT PRICE	TOTAL
Colocation - [Rack/Cabinet ID]	[U Count/Sq Ft]	[\$[0.00]]	[\$[0.00]]
Power Usage (Metered) - [Circuit ID]	[kWh]	[\$[0.00]]	[\$[0.00]]
Cross-Connects / Interconnects	[Qty]	[\$[0.00]]	[\$[0.00]]
Managed Hands Support	[Hours]	[\$[0.00]]	[\$[0.00]]

SERVICE DESCRIPTION	METRIC / QUANTITY	UNIT PRICE	TOTAL
Bandwidth / IP Transit	[Mbps/GB]	[\$0.00]	[\$0.00]
			Subtotal: [\$0.00]
			Tax / VAT: [\$0.00]
			Grand Total: [\$0.00]

Payment Instructions: Wire Transfer/ACH to [Bank Details]. Please include Invoice # in memo.

Terms: Net 30. Subject to Service Level Agreement (SLA) terms. Any disputes must be filed within 10 days of invoice receipt.