

INVOICE

Network ID: _____

[Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO:

[Client Name]

[Client Address]

[Contact Email]

Invoice #: _____

Date: _____

Due Date: _____

Service Description	Bandwidth/Qty	Rate	Amount
Dedicated Internet Access (DIA)			
Managed Firewall & Security			
Cloud Connectivity / VLAN Setup			
Static IP Allocation			

Subtotal: \$0.00

Tax (0%): \$0.00

Total Due: \$0.00

Payment Terms: Net 30 days. Please include invoice number with your wire transfer or check.

Technical Support: support@networkprovider.com | +1 800-000-0000