

INVOICE

Enterprise Connectivity Solutions Ltd.

Invoice #: [Invoice Number]

Date: [Date]

Due Date: [Due Date]

Bill To:

[Client Company Name]

[Contact Person]

[Street Address]

[City, State, Zip]

Service Site:

[Site Reference/ID]

[Facility Address]

[Technical Point of Contact]

DESCRIPTION OF SERVICES	QTY/PERIOD	UNIT PRICE	TOTAL
Dedicated Fiber Internet Access (SLA 99.99%)	[Qty]	[\$[0.00]]	[\$[0.00]]
SD-WAN Managed Endpoint Security	[Qty]	[\$[0.00]]	[\$[0.00]]
Private Cloud Interconnect (Layer 2)	[Qty]	[\$[0.00]]	[\$[0.00]]
Infrastructure Setup/One-time Installation	[Qty]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax Rate: [0]%

Total Due: \$[0.00]

Payment Terms: Net 30. Please include invoice number with your wire transfer or ACH payment.

Support: 24/7 Network Operations Center (NOC) at 1-800-XXX-XXXX or support@enterpriseconnectivity.com