

ORBITNET BROADBAND

INVOICE

#INV-000000

SERVICE PROVIDER

123 Satellite Plaza
Teleport City, ST 90210
support@orbitnet.com

BILL TO

[Customer Name]
[Service Address]
[Account Number]

BILLING PERIOD

[Start Date] to [End Date]

DUE DATE

[Date]

Description	Rate	Usage	Amount
Satellite Internet Subscription (Base Plan)	\$0.00	1 Month	\$0.00
Priority Data Allocation (GB)	\$0.00	0 GB	\$0.00

Description	Rate	Usage	Amount
Equipment Lease (Dish & Router)	\$0.00	1 Unit	\$0.00

Subtotal: \$0.00

Taxes & Regulatory Fees: \$0.00

Total Amount Due: \$0.00

Thank you for choosing OrbitNet Satellite Services.

Payment via Direct Debit, Credit Card, or Bank Transfer.