INVOICE

Company Name

123 Business Way, City, State

Invoice #: _____

Date: _____

Due Date: _____

Bill To:

_____

_____

Subscription Tier	Units / Range	Unit Price	Amount
Tier 1 (Base) **INCLUDED**	0 - ___ Units	$0.00	$0.00
Tier 2 (Standard)	___ - ___ Units	$____	$____
Tier 3 (Premium)	___ + Units	$____	$____

Subtotal: $_____

Tax (___%): $_____

Total Due: $_____

Notes: Pricing is calculated based on tiered volume usage per billing cycle.

Payment Methods: _____