UTILITYSTREAM CO.

INVOICE: #_____
DATE: _____
DUE DATE: _____

SERVICE ADDRESS

[Customer Name]
[Street Address]
[City, State, Zip]
Account: [000-000-000]

USAGE SUMMARY

Previous 6 Months Consumption

SUBSCRIPTION DETAILS	PERIOD	AMOUNT
[Service Plan Name] - Base Tier	MM/DD - MM/DD	$0.00
Data/Resource Overages	[Units]	$0.00
Regulatory Service Fee	-	$0.00
State/Local Tax	-	$0.00

AMOUNT DUE **$0.00**

Note: A late fee of 1.5% will be applied to balances unpaid after the due date. Please include your account number on all correspondence.