SERVICE INVOICE

[Provider Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT]

Invoice #: [000000]
Date: [MM/DD/YYYY]
Period: [Billing Cycle Range]

BILL TO:

[Client Company Name]
[Facility Address]
[Contact Name]
[Phone Number]

SUBSCRIPTION PLAN:

[Plan Level - e.g., Platinum Industrial]
Asset ID: [Equipment Serial Numbers]
Next Inspection: [Date]

Service Description	Frequency	Rate	Amount
Fixed Maintenance Subscription Fee	Monthly	$0.00	$0.00
Predictive Monitoring & Remote Diagnostics	24/7	$0.00	$0.00
Consumables & Lubricants Allowance	Flat Rate	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Balance Due: $0.00

Payment Terms: Net [30] Days. Please include invoice number with your ACH or Wire transfer.

Support: [Support Email Address] | [Emergency Service Phone]