[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

[Invoice Number]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Contact Person]
[Client Address]
[Client Email]

SUBSCRIPTION PERIOD

[Start Date] to [End Date]
Billing Cycle: [Monthly/Annual]

Service Description	Qty	Unit Price	Amount
[Managed Service Plan Name]	[Qty]	$[0.00]	$[0.00]
[Add-on Service / Seat License]	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Total: $[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include Invoice Number with your payment.

Thank you for your continued partnership.