INVOICE

VIP SUPPORT SUBSCRIPTION

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

BILL TO:
[Client Name]
[Client Address]
[Client Email]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Description	Period	Amount
Priority VIP Maintenance Plan 24/7 Dedicated Support, Monthly Security Audits	[Start Date] - [End Date]	$0.00
On-Call Consultant Retainer 10 Guaranteed Hours	[Month, Year]	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount: $0.00

Payment Instructions:
Please include invoice number with your wire transfer or check payment.
Terms: Net 30. Late payments are subject to a 1.5% monthly fee.