

ISV RESELLER INVOICE

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

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Reseller (Bill To):

[Reseller Name]
[Company Address]
[Contact Email]

End User / Client:

[End User Name]
[Account Reference/ID]

Software / SKU	Quantity/Seats	MSRP	Reseller Discount	Amount
[Product Name - Annual Subscription]	[0]	[\$[0.00]	[%]	[\$[0.00]
[Add-on / API Access]	[0]	[\$[0.00]	[%]	[\$[0.00]

Subtotal: \$[0.00]
Tax: \$[0.00]
Total Balance: \$[0.00]

Payment Instructions:

Bank Name: [Name] | Account: [Number] | SWIFT/IBAN: [Code]

Terms: Net [30] Days. Software licenses are provisioned upon confirmed receipt of payment.