

INVOICE

[Reseller Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [00000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Bill To:

[End-Client Name]
[Contact Name]
[Address]
[Email]

Service Provider:

[Wholesale MSP Partner Name]
Partner ID: [Reseller-ID-123]

Service Description	Quantity/Seats	Unit Price	Total
Managed IT Support - Monthly Subscription	[0]	\$0.00	\$0.00
Cloud Backup & Disaster Recovery ([GB/TB])	[0]	\$0.00	\$0.00
Endpoint Security & Antivirus License	[0]	\$0.00	\$0.00

Service Description	Quantity/Seats	Unit Price	Total
Professional Services / Setup Fee	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax ([0] %): \$0.00

Balance Due: \$0.00

Payment Instructions:

Please make checks payable to [Reseller Company Name] or pay via [Payment Method/Link].

Notes: Managed services are billed in advance. Late fees may apply after due date.