INVOICE

Carrier Billing Services

INVOICE NUMBER

[INV-0000]

DATE OF ISSUE

[Month DD, YYYY]

BILLED TO

[Customer Name]
[Street Address]
[City, State, Zip]
[Phone Number]

CARRIER DETAILS

[Carrier Provider Name]
Account: [Account Number]
Cycle: [Billing Period Start] - [End]
Region: [Operating Market]

Service Description	Units/Traffic	Rate	Amount
Direct Carrier Billing (DCB) Processing	[Quantity]	$[0.00]	$[0.00]
Premium SMS Integration Fees	[Quantity]	$[0.00]	$[0.00]
Platform Maintenance & API Access	[Fixed]	$[0.00]	$[0.00]
Carrier Revenue Share Adjustment	[Percentage]	[-]	($[0.00])

Subtotal: $0.00

Carrier Fees / Tax: $0.00

Total Due (USD): $0.00

PAYMENT INSTRUCTIONS

Please remit payment via wire transfer to the account specified in your Master Service Agreement. Payments are due within [Number] days of invoice date.