

CLOUDSAFE SOLUTIONS

INVOICE

[Invoice Number]
[Date]

PROVIDER

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

BILL TO

[Client Name]
[Client Company]
[Client Address]
[Tax ID/Reference]

Service Description	Storage/Qty	Rate	Amount
Monthly Cloud Backup Subscription (Tier: [Name])	[GB/TB]	[\$[0.00]]	[\$[0.00]]
Managed Disaster Recovery (DRaaS)	[Nodes]	[\$[0.00]]	[\$[0.00]]
Off-site Data Encryption & Retention	[Fixed]	[\$[0.00]]	[\$[0.00]]

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

Total Due: \$[0.00]

PAYMENT TERMS

Please remit payment within [X] days. Data retention is subject to active subscription status as per the Service Level Agreement (SLA).