

AEROSPACE COMM NET

INVOICE

Invoice #: [00000]

Date: [Date]

FROM:

Aerospace Communication Network Corp.

Satellite Operations Center

Orbital Way, Suite 101

contact@aerocomm.net

BILL TO:

[Client Name / Company]

[Street Address]

[City, State, Zip]

[Contact Email]

Service Description	Bandwidth / Units	Rate	Amount
Satellite Uplink - Ka-Band Service	[0] MHz	[\$0.00]	[\$0.00]
Ground Station Data Transfer	[0] GB	[\$0.00]	[\$0.00]
Network Management & Encryption	1	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax (0%): [\$0.00]

Total Due: [\$0.00]

PAYMENT INSTRUCTIONS:

SWIFT/BIC: [Code] | Account: [Number] | Due within 30 days.

All telecommunication services are subject to standard aerospace regulatory compliance.