

SATELLITE LINK INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

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

Service Location / Terminal ID:

[Satellite ID/MAC Address]
[Beam ID / Orbital Slot]
[Coordinates/Site Code]

Service Description	Bandwidth / Committed Info Rate	Unit Price	Total
Fixed Satellite Service (FSS) Subscription	[e.g., 10Mbps/2Mbps]	[\$[0.00]]	[\$[0.00]]
Data Overages / Burst Usage	[e.g., 50GB]	[\$[0.00]]	[\$[0.00]]

Service Description	Bandwidth / Committed Info Rate	Unit Price	Total
Ground Station Lease & Maintenance	[1 Month]	[\$0.00]	[\$0.00]
Telemetry & Network Management Fee	-	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Regulatory Fees/Tax: [\$0.00]

Total Amount Due: \$[0.00]

Payment Terms: Net [30] Days. Please include Invoice # in wire transfer details.

Wire Transfer / SWIFT: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Thank you for your business regarding your global connectivity needs.