

GLOBAL SATELLITE NETWORK

INVOICE

Invoice #: []

Date: []

PROVIDER

GSN Ground Operations
Orbital Plaza, Suite 101
Spaceport, CA 90210
contact@gsn-global.com

BILL TO

[Client Name]
[Company Name]
[Address]
[Email/Phone]

Service Description	Bandwidth / Qty	Unit Price	Amount
Satellite Uplink - Premium Tier	[]	[\$]	[\$]
Ground Station Telemetry Data	[]	[\$]	[\$]
Emergency Low-Latency Bridge	[]	[\$]	[\$]

Subtotal: \$[]

Tax (0.0%): \$[]

Amount Due: \$[]

Payment Terms: Net 30. Please include invoice number with your wire transfer.

Satellite communication services are subject to international regulatory compliance. Signal availability varies by orbital positioning and atmospheric conditions.