

# SATELLITE CONNECT

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**Provider:**

Satellite Connect Systems Ltd.

123 Orbit Way, Sky City

billing@satconnect.net

**Customer:**

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Description	Period	Rate	Amount
Satellite Internet Plan (Base)	___ to ___	\$0.00	\$0.00
Equipment Lease (Dish & Router)	Monthly	\$0.00	\$0.00
Data Overage Fees / Priority Access	-	\$0.00	\$0.00

Subtotal: \$0.00

Taxes & Regulatory Fees: \$0.00

**Total Balance Due: \$0.00**

Payment Terms: Due within 15 days of invoice date.

Technical Support: 1-800-SAT-HELP | Website: www.satconnect.net