

# INVOICE

[Company Name]  
[Address Line 1]  
[Address Line 2]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## BILL TO:

[Customer Name]  
[Billing Address]  
[Contact Person]  
[Tax ID/VAT]

## SERVICE LOCATION / SATELLITE INFO:

**Satellite:** \_\_\_\_\_  
**Orbital Position:** \_\_\_\_\_  
**Transponder ID:** \_\_\_\_\_

Description of Capacity / Services	Bandwidth (MHz)	Service Period	Rate (Monthly/MHz)	Amount
Lease of Space Segment Capacity Polarization: [H/V/L/R]				
Uplink / Teleport Services (if applicable)				
Monitoring & 24/7 Support Fees				

Subtotal: \$ \_\_\_\_\_

Tax / VAT ( \_\_ %): \$ \_\_\_\_\_

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**Total Amount Due: \$ \_\_\_\_\_**

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**PAYMENT INSTRUCTIONS**

Bank Name: \_\_\_\_\_ | SWIFT/BIC: \_\_\_\_\_ | IBAN/Account: \_\_\_\_\_

*Notes: Service subject to Standard Terms and Conditions of Satellite Capacity Agreement.*