INVOICE

Invoice Number:

Invoice Date:

Due Date:

CUSTOMER BILLING ADDRESS

SERVICE LOCATION & ACCOUNT

Account Number:

Service Agreement:

Service Address:

Billing Summary

Service Type	Billing Period Start	Billing Period End	Subtotal
Electricity (Power)			
Natural Gas			

Metered Usage Details

SERVICE	METER NUMBER	PREVIOUS READING	CURRENT READING	MULTIPLIER	TOTAL USAGE	UNIT
Power (Active)						kWh
Power (Reactive)						kVARh
Natural Gas						Therms

Energy Supply Charges:

Delivery & Distribution:

Regulatory Charges & Fees:

Environmental Taxes:

State/Local Tax:

Total Amount Due:

Contact Support
Phone:
Email:

Hours:

Payment Information

Bank:

IBAN/Acc:

BIC/Swift:

Utility Provider Corp.

REMITTANCE SLIP - PLEASE DETACH AND RETURN WITH YOUR PAYMENT

Customer Name:		**Account Number:**	
Invoice Number:		**Amount Enclosed:**	
Due Date:		**Signature:**	