



RECURRING PAYMENT STATEMENT

Statement No:

Statement Date:

Billing Period:

CUSTOMER BILLING INFORMATION

Customer ID:

Account Name:

Billing Address:

Email Address:

Phone Number:

SUBSCRIPTION OVERVIEW

Subscription ID:

Plan Name:

Activation Date:

Billing Cycle:

Subscription Status:

Next Renewal Date:

SERVICE DATE	DESCRIPTION / SUBSCRIPTION DETAILS	UNIT PRICE	QTY	TOTAL AMOUNT
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RECURRING PAYMENT METHOD

Payment Type:

Card / Account No:

Expiration Date:

Authorization Ref:

Subtotal

Taxes / VAT

Discounts / Credits

Total Charged

Recurring Payment Authorization Terms: By subscribing, the customer authorizes the automatic debit of the specified payment method on a recurring basis matching the established billing cycle. This agreement will remain in effect until a formal cancellation request is submitted in accordance with the service terms and conditions. Charges will reflect the subscription rate active at the time of renewal, including applicable taxes.

AUTHORIZED REPRESENTATIVE SIGNATURE

CUSTOMER SIGNATURE (IF APPLICABLE)