

# Sample Invoice



P.O. Box 485, Herndon, VA 20172

Ship To:

To assist us in locating your records quickly, please refer to your customer number when you call, write or send payment.

Bill To:

To avoid delinquency, payments must be received within 30 days.

Invoice Number	
Date	Page
Purchase Order #	
Customer Number	
Anniversary Date	
Terms	
Invoice Due Date	
Location Number	

Item #	Description	Tax	Qty.	Unit Price	Total Price
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                     Quantity refers to the number of months of service being billed.                 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                     For most products service is billed thirty ( 30 ) days in advance. Usage based services are billed in arrears. Dates of service will be reflected in recurring invoices.                 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                     Service Period/Comments:                 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">                     Federal Tax ID #16-1353600                 </div> <div style="width: 35%; border: 1px solid black; padding: 5px;">                     Sub Total:                      Tax:                      Invoice Total:                 </div> </div>					

Please detach and mail this portion with your payment

Address Change? Check this box and complete reverse side



Remit To:

PSINet, Inc.  
 P.O. Box 485  
 Herndon, VA 20172

Remit all payments to this address.

See reverse side for Customer Service contact information and address change instructions.

Invoice Number
Invoice Date
Customer Number
Customer Name
Invoice Total

## Thank you for choosing PSINet as your Internet Business Solution

If you have questions regarding this invoice and wish to contact a Customer Service Representative, you may choose from the following options. Please have your Customer Number and/or Invoice Number readily available for all inquiries:

- **To request additional services:**  
**Sales Department**  
Telephone: #800-827-7482
- **For billing inquiries or to pay by credit card:** **Customer Satisfaction Department**  
Telephone: # 518-283-8860 Fax: #518-286-2544  
Email: [csat@psi.com](mailto:csat@psi.com) -or- [Invoice@psi.com](mailto:Invoice@psi.com)
- **For technical inquiries:** **Customer Support Group**  
Telephone: #518-283-8860  
Email: [support@psi.com](mailto:support@psi.com)
- **For past due inquiries:** **Collections Department**  
Telephone: # 703-726-4100, ext. 4912  
Email: [collections@psi.com](mailto:collections@psi.com)  
Facsimile: #703-726-4338 or 703-726-4339
- **Inquiries via US Mail:** **PSINet, Inc.**  
44983 Knoll Sq.  
Ashburn, VA 20147

All invoices are due and payable on or before the **Invoice Due Date** on the respective invoice. Accounts reflecting any past due amount(s) will receive an automatic past due notice. Upon receipt of notification, should there be questions please contact the Collections Department immediately.

### Invoice Information

The "**Anniversary Date**" is the start date of service which commences billing. Please refer to the contract for additional information regarding the Anniversary Date.

The "**Quantity**" refers to the number of months, or number of items ordered. For example: Services invoiced on a quarterly basis will reflect a Quantity of "3" (three months).

The "**Service Period**" refers to the period of service being billed. PSINet invoices thirty (30) days in advance of the upcoming service period, unless stated otherwise.

Please detach and mail this portion with your payment

**Address Change?** Email: [Contact-change@psi.com](mailto:Contact-change@psi.com) or complete the following and submit with payment:

Company Name:	_____
Bill to Address:	_____
City:	_____ State: _____ Zipcode: _____
Billing Contact:	_____ Title: _____
Telephone Number:	_____ Fax Number: _____ Email: _____
Change Effective Date:	_____ Authorized Signature: _____
Date:	_____ Printed Name/Title: _____