INVOICE

Bulk Storage Solutions Co.

Invoice #: _____

Date: _____

Warehouse Location:

_____

_____

Bill To:

_____

_____

Description of Goods	Lot/Batch ID	Volume/Weight	Storage Duration	Rate	Amount

Subtotal: $_____

Tax: $_____

Total Due: $_____

Terms & Conditions:

Net 30 Days. Late fees apply after due date. Goods are stored at owner's risk unless insurance is specified.

Authorized Signature: _____ Date: _____