INVOICE

[Facility Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Email]

STORAGE DETAILS:

Storage Temp: [ ] Frozen [ ] Chilled
Facility Location: [Aisle/Bin #]
Contract Ref: [Contract #]

Description of Goods / Service	Quantity / Pallets	Unit Price	Total
Monthly Storage Fee (Pallets)			
In-and-Out Handling Charges			
Blast Freezing Service			
Re-stacking / Labelling			

Description of Goods / Service	Quantity / Pallets	Unit Price	Total
		Subtotal	
		Tax (%)	
		TOTAL DUE	

Payment Method: [Bank Transfer / Check / Credit Card]

Notes / Terms:

Goods are stored at owner's risk. Storage charges are billed in advance. Please include the invoice number with your payment.