

STORAGE INVOICE

Company Name
123 Warehouse Lane
Logistics City, ST 12345

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Facility Details:
Unit Number: _____
Access Code: _____
Contract Ref: _____

Storage Description	Period	Rate	Total
Dedicated Unit Rental (Sq Ft: _____)	____/____/____ to ____/____/____	\$	\$
Climate Control Surcharge	-	\$	\$
Insurance / Protection Plan	-	\$	\$
Maintenance / Security Fee	-	\$	\$

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Notes: Please make checks payable to Company Name. Late payments may result in access restrictions and additional fees according to the storage agreement.