DISTRIBUTION CENTER

123 Logistics Way, Suite 100
Industrial Park, ST 12345

INVOICE

Invoice #: _____
Date: _____

BILL TO:
STORAGE PERIOD:

From: _____ To: _____

ACCOUNT NUMBER:

_____

Item / SKU	Description	Quantity (Pallets/Units)	Rate per Day/Month	Total
		Handling / In-Out Fees		
		Insurance Surcharge		

Subtotal: $ _____
Tax (___%): $ _____

Amount Due: $ _____

Payment Terms: Net 30 Days. Please make checks payable to "Distribution Center".

For inquiries regarding storage logs or discrepancies, contact billing@example.com