STORAGE INVOICE

Invoice #: [000000]
Date: [MM/DD/YYYY]

[Company Name]

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

BILL TO:

[Customer Name]
[Billing Address]
[City, State, Zip]
[Contact Email]

STORAGE DETAILS:

Facility Location: [Location/Unit #]
Storage Period: [Start Date] - [End Date]
Payment Terms: [Net 30]

Item Description	Lot/ID #	Quantity/Volume	Unit Price	Total
[General Merchandise Description]	[Reference]	[Qty]	$0.00	$0.00
Handling & Labor Fees	-	-	$0.00	$0.00
Insurance Coverage	-	-	$0.00	$0.00

Subtotal: $0.00
Tax Rate: 0.00%

Total Due: $0.00

Notes & Instructions:

Please make checks payable to [Company Name]. Late payments may be subject to a 1.5% monthly finance charge. Goods are stored subject to the terms and conditions on the reverse side of the warehouse receipt.