INVOICE

Storage Facility Name
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Customer Name
Address Line 1
City, State, Zip
Phone / Email

STORAGE DETAILS:

Unit Number: _____
Billing Period: _____ to _____
Access Code: _____

Description	Quantity/Months	Rate	Amount
Storage Unit Rental			
Climate Control Fee			
Insurance Coverage			

Description	Quantity/Months	Rate	Amount
Late Fees / Other			

Subtotal:$0.00
Tax:$0.00

Total Amount Due:$0.00

Terms & Conditions:

Payment is due within 15 days. A late fee may apply to overdue balances. Please make checks payable to "Storage Facility Name". Storage contents are subject to lien laws if payment is not received.