DRY VAN LEASE INVOICE

[Lessor Company Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

LESSEE / BILLED TO

[Lessee Name/Company]
[Billing Address]
[City, State, Zip]
[MC/DOT Number]

EQUIPMENT DETAILS

Unit #: [Unit ID]
VIN: [Vehicle ID Number]
Make/Year: [Make] [Year]
Type: 53' Dry Van

Description of Charges	Billing Period	Rate/Unit	Total
Weekly/Monthly Lease Rental	[Start] - [End]	$0.00	$0.00
Mileage Charge ([Total] miles)	-	$0.00	$0.00
Maintenance Escrow / Fund	-	-	$0.00
Insurance / FHUT Surcharge	-	-	$0.00

Description of Charges	Billing Period	Rate/Unit	Total
Miscellaneous Fees	-	-	$0.00

Subtotal: $0.00

Tax (if applicable): $0.00

Total Amount Due: $0.00

Payment Terms: Net [X] Days. Please make checks payable to [Lessor Company Name].

Thank you for your business.