FLEET CONTAINER LEASING

[Company Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

No: _____
Date: _____

LESSEE / BILL TO:

[Client Name]
[Address]
[Contact Info]

LEASE DETAILS:

Lease Agreement #: _____
Billing Period: _____
Depot Location: _____

Container ID	Type / Size	Quantity	Daily Rate	Days	Amount
				Pick-up / Delivery Fees	
				Maintenance / Damage Fees	

Subtotal: $ _____
Tax: $ _____
Total Amount Due: $ _____

TERMS & INSTRUCTIONS:

Please make checks payable to **Fleet Container Leasing**. Net 30 payment terms apply. Late payments are subject to a monthly interest charge of 1.5%.