INDUSTRIAL CONTAINER LEASING

123 Logistics Way
Port Terminal South
contact@containerlease.com

INVOICE

Date: [Date]
Invoice #: [0000]
PO #: [Ref]

LESSEE (BILL TO)

[Client Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

PROJECT / SITE LOCATION

[Project Name]
[Delivery Site Address]
[Site Contact Phone]

Container ID / Unit Type	Lease Period	Qty	Rate/Month	Amount
[Unit ID - 40ft High Cube]	[Start] - [End]	[0]	$0.00	$0.00
[Unit ID - 20ft Standard]	[Start] - [End]	[0]	$0.00	$0.00
Delivery / Mobilization Fee	-	1	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Due: $0.00

Payment Terms: Net 30. Please include invoice number with your wire transfer or check.

Terms & Conditions: All leased units remain property of Industrial Container Leasing. Maintenance responsibilities are subject to the Master Lease Agreement dated [Date].