RENTAL INVOICE

Company Name
123 Logistics Way
Port Terminal Area
contact@company.com

Invoice #: _____
Date: _____
Due Date: _____

LESSEE / BILL TO:
RELEASE/PICKUP LOCATION:

Container ID / Unit #	Type (20'/40'/HC)	Period (Start - End)	Daily Rate	Amount
			Subtotal	
			Delivery/Positioning Fee	
			Tax (%)	

Total Amount Due: $ 0.00

TERMS & CONDITIONS:

1. Standard per diem rates apply for late returns. 2. Units must be returned in "Cargo Worthy" condition. 3. Lessee is responsible for all insurance and maintenance during the rental period.

Thank you for your business. Please include the invoice number on your remittance.