RENTAL INVOICE

[Port Terminal Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

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

PROJECT / REFERENCE

Vessel: _____
Voyage No: _____
Booking Ref: _____
Port of Discharge: _____

Container ID	Type/Size	Rental Period	Days	Daily Rate	Amount
_____	_____	___ to ___	_____	$ 0.00	$ 0.00
_____	_____	___ to ___	_____	$ 0.00	$ 0.00
_____	_____	___ to ___	_____	$ 0.00	$ 0.00

Subtotal: $ 0.00
Port Fees/Tax: $ 0.00
Total Due: $ 0.00

PAYMENT TERMS & INSTRUCTIONS

Please make all checks payable to **[Port Terminal Name]**. Wire transfers: Bank: [Bank Name], Swift: [Code], Account: [Number]. Late returns are subject to additional demurrage fees as per terminal tariff.