CONTAINER LEASE CO.

123 Logistics Way
Port Terminal, ST 54321
contact@containerlease.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

LESSEE / BILL TO:

_____
_____
_____

DELIVERY/LEASE SITE:

_____
_____
_____

Container ID / Serial #	Type/Size	Lease Period	Rate	Amount
_____	20' Standard Steel	___/___ to ___/___	$ _____	$ _____
_____	40' High Cube	___/___ to ___/___	$ _____	$ _____
		Delivery/Pickup Fee	$ _____	$ _____

Container ID / Serial #	Type/Size	Lease Period	Rate	Amount
		Damage Protection Plan	$ _____	$ _____

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

Terms & Conditions: All lease payments are due net 30. Equipment remains the property of Container Lease Co. until a formal transfer of title is executed. Please include invoice number on all payments.