WHITE GLOVE STORAGE & LOGISTICS

Invoice #: _____
Date: _____
PO #: _____

Service Provider:
[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Client / Bill To:
[Client Name]
[Street Address]
[City, State, Zip]
[Contact Person]

DESCRIPTION OF ASSETS / SERVICES	QTY / UNITS	RATE	AMOUNT
Climate Controlled Storage (per sq ft/month)			$0.00
Inbound Receiving & Inspection			$0.00
Packing & Custom Crating			$0.00
White Glove Delivery & Installation			$0.00
Debris Removal & Disposal			$0.00

Subtotal: **$0.00**

Tax: **$0.00**

Total: **$0.00**

Notes & Instructions:
Please make all checks payable to [Company Name]. Payments are due within [Number] days. Assets are handled with the highest standard of care; liability limits apply per service agreement.