FLEET LEASE INVOICE

Corporate Leasing Solutions Ltd.
123 Business Way, Industrial Park
contact@fleetlease.com

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

_____
_____
_____
Attn: Fleet Department

CONTRACT SUMMARY:

Master Agreement: _____
Billing Period: _____
Account Manager: _____

Unit ID / VIN	Vehicle Description	Lease Type	Mileage	Monthly Rate
_____	_____	_____	_____	$ _____
_____	_____	_____	_____	$ _____
_____	_____	_____	_____	$ _____

Unit ID / VIN	Vehicle Description	Lease Type	Mileage	Monthly Rate
			Service & Maintenance Fees	$ _____
			Fuel Card Adjustments	$ _____

Subtotal: $ _____
Tax (___%): $ _____
Total Due: $ _____

Payment Instructions:
Please remit payment via ACH or Wire Transfer to:
Bank Name: _____ | Account: _____ | Routing: _____

Late payments are subject to a ___% monthly finance charge as per the Master Agreement.