

INVOICE

Leased Vehicle Agreement

Invoice #: _____

Date: _____

LESSOR:

LESSEE:

VEHICLE DETAILS:

Make/Model: _____

Year/VIN: _____

License Plate: _____

LEASE TERM:

Start Date: _____

End Date: _____

Mileage Limit: _____

Description	Period/Quantity	Amount
Monthly Lease Payment	_____	\$ _____
Maintenance/Service Fees	_____	\$ _____

Description	Period/Quantity	Amount
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Excess Mileage Charges	_____	\$ _____
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Late Fees / Other Charges	_____	\$ _____
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Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Payment Instructions:

Please make checks payable to _____. Bank Transfers to: _____

Notes: _____