[LESSOR/COMPANY NAME]

[ADDRESS LINE 1]
[CITY, STATE, ZIP]

INVOICE

No: [Invoice #]
Date: [Date]

BILL TO (LESSEE)

[Tenant Company Name]
[Contact Person]
[Property Address / Unit #]
[City, State, Zip]

PAYMENT DETAILS

Due Date: [Date]
Billing Period: [Start Date] to [End Date]
Lease Ref: [Contract ID/Ref]

Description	Quantity/Area	Rate	Amount
Base Rent - Industrial/Warehouse Space	[Sq. Ft.]	$[Rate]	$0.00
Common Area Maintenance (CAM) Fees	-	-	$0.00
Property Insurance Contribution	-	-	$0.00
Utilities (Sub-metered/Pro-rata)	-	-	$0.00

Subtotal: $0.00
Tax (if applicable): $0.00
Total Due: $0.00

REMITTANCE INSTRUCTIONS

Bank Name: [Name]
Account Name: [Name]
Account Number: [Number] | Routing: [Number]
Please include Invoice Number on all payments. Late fees may apply after [Number] days.