RENTAL INVOICE

Logistics Center ID: _____

Invoice #: _____
Date: _____

Lessor:
[Company Name]
[Facility Address]
[City, State, Zip]
[Tax ID]

Lessee:
[Client Name]
[Billing Address]
[City, State, Zip]
[Contact Phone]

Description / Unit ID	Area (sq ft/m)	Rate	Period	Amount
Warehouse Section: _____	_____	_____	_____	_____
Loading Dock Access	-	_____	_____	_____
Cold Storage Premium	_____	_____	_____	_____
Maintenance & CAM Fees	-	_____	_____	_____

Subtotal: _____
Tax: _____
Total Due: _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].
Wiring Instructions: Bank: _____ | Account: _____ | Swift/BIC: _____
Notes: Late payments are subject to a [0.0%] monthly surcharge.