INVOICE

SECURED STORAGE CO.
123 Logistics Way
Secure City, ST 90210

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

_____
_____
_____

FACILITY DETAILS:

Unit Number: _____
Access Code: _____
Lease Term: _____

Description	Quantity/Period	Unit Price	Amount
Monthly Storage Rental Fee			
Security & Climate Control Surcharge			
Insurance Coverage Premium			

Description	Quantity/Period	Unit Price	Amount
Other: _____			

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

TOTAL DUE: $ _____

Terms: Please make checks payable to Secured Storage Co. Late fees of 5% apply after the due date.

Thank you for your business. Your assets are safe with us.