

INVOICE

PRIME OFFICE SUITES

123 Business Center Dr.
Suite 500
City, State, Zip

Invoice #: _____

Date: _____

BILL TO:

Suite Number: _____

Lease Term: _____

Description	Period	Amount
Monthly Office Rent	_____	\$ _____
Utility Surcharge (Electric/Water)	_____	\$ _____
High-Speed Internet Access	_____	\$ _____

Description	Period	Amount
Parking Stall(s) Rental	_____	\$ _____
Maintenance & Facilities Fee	_____	\$ _____
		Subtotal: \$ _____
		Tax: \$ _____
		TOTAL DUE: \$ _____

Payment Instructions:

Please make checks payable to: **Prime Office Suites LLC**

Due Date: 1st of the month. A late fee of 5% applies after the 5th.

Thank you for your business!