



FACILITY INVOICE

Invoice No: _____

Invoice Date: _____

Due Date: _____

Lender / Agent

Borrower

ASSET BASED CREDIT FACILITY SUMMARY

Credit Facility Agreement: _____

Billing Period: _____

TOTAL FACILITY LIMIT

OUTSTANDING PRINCIPAL

ELIGIBLE COLLATERAL VALUE

DESCRIPTION OF CHARGES / FEES

BASE / BALANCE

RATE / %

AMOUNT

Interest Expense

Base Rate + Margin on outstanding principal

Unused Line Fee / Commitment Fee

Fee on undrawn portion of facility

Collateral Monitoring / Management Fee

Borrowing base and audit processing fee

Administrative / Facility Service Fee

Monthly maintenance charge

DESCRIPTION OF CHARGES / FEES

BASE / BALANCE

RATE / %

AMOUNT

Other Fees / Adjustments

Wire fees, field exam costs, legal, etc.

Total Interest: _____

Total Fees: _____

Total Due: _____

WIRE TRANSFER INSTRUCTIONS

Beneficiary Bank: _____

Routing / ABA: _____

Account Number: _____

Swift Code: _____

Ref / Memo: _____

Authorized Signatory - Lender/Agent

Date