INVOICE

Invoice No: .....
Date: .....
Due Date: .....

LANDLORD / LESSOR

TENANT / LESSEE

PROPERTY / FACILITY

UNIT / SUITE NO.

AREA (SQ. FT.)

LEASE PERIOD

DESCRIPTION	UNIT RATE	QUANTITY	AMOUNT
Base Rent - Warehouse Space			
Common Area Maintenance (CAM) Charges			
Property Taxes (Pro-Rata Share)			
Insurance (Pro-Rata Share)			
Utilities / Facility Services			

Subtotal:

Sales Tax / VAT (if applicable):

Total Due:

PAYMENT INSTRUCTIONS & TERMS

Bank Name: .....

Routing Number (ABA):

Account Number:

SWIFT/BIC (if applicable):

Please reference the Invoice Number on all wire transfers and check payments.
Late payments are subject to a late fee as specified in the lease agreement.