

RENT INVOICE

Recurring Rental Payment

Invoice No: _____

Date: _____

Due Date: _____

LANDLORD / LESSOR

Name: _____

Address: _____

Phone: _____

Email: _____

TENANT / LESSEE

Name: _____

Unit/Suite: _____

Phone: _____

Email: _____

Lease Agreement Date: _____

Property Address: _____

Billing Period Start: _____

Billing Period End: _____

DESCRIPTION	BILLING CYCLE	AMOUNT

Subtotal: _____

Discount: _____

Late Fee (If applicable): _____

Total Amount Due: _____

PAYMENT INSTRUCTIONS

Payment Method: _____

Bank Name: _____

Account Name: _____

Account / IBAN: _____

Authorized Signature (Landlord)

Tenant Signature (Acknowledgment)