



COMMERCIAL PROPERTY LEASING INVOICE

Lessee / Tenant: _____
Company Name: _____
Billing Address: _____
City, State, Zip: _____
Invoice No: _____
Date: _____
Due Date: _____
Lease Ref No: _____

PROPERTY & LEASE DETAILS

Property Name: _____
Lease Period: _____
Unit / Suite No: _____
Square Footage: _____

DESCRIPTION	UNIT PRICE / RATE	QTY / MO.	TOTAL AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax / VAT: _____

Total Due: _____

Payment Instructions & Terms

Bank Name: _____

Account Name: _____

Account Number: _____

Routing/BIC: _____

Authorized Representative Signature

Tenant / Lessee Signature