

RENT INVOICE

Commercial Property Lease

Invoice No: _____

Date: _____

Due Date: _____

Billing Period: _____

LANDLORD / LESSOR

TENANT / LESSEE

LEASED PREMISES INFORMATION

Property Name:

Suite / Unit No:

Property Address:

Lease Agreement Date:

DESCRIPTION OF CHARGES	AMOUNT
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Base Rent	
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Common Area Maintenance (CAM)	
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Property Insurance Share	
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Property Tax Share	
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Utilities / Other Charges	
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Subtotal: _____

Tax / VAT: _____

Late Fees /
Adjustments: _____

Total Due: _____

PAYMENT INSTRUCTIONS

Please remit payments to the following account:

TERMS & CONDITIONS

Payments received after the due date are subject to late fees as outlined in the commercial lease agreement.
