

# Rental Invoice

Landlord/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Invoice No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Rental Property Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Description	Rental Period	Amount
Monthly Rent for Commercial Space	From: _____ To: _____	\$ _____
Other Charges (if any):		\$ _____
Late Fee (if applicable):		\$ _____
Total Amount Due:		\$ _____

Payment Terms: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Notes: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_