

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: _____