VEHICLE STORAGE INVOICE

FROM

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

DETAILS

DATE: _____
INVOICE NO. _____
TERMS: _____
STORAGE TYPE: _____

BILL TO

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

VEHICLE INFORMATION

MAKE: _____
MODEL: _____
COLOR: _____
YEAR: _____
PLATE: _____

DESCRIPTION	RATE ($/TIME)	TIME	AMOUNT ($)
		SUBTOTAL	
		DISCOUNT	
		TAX / VAT	
		TOTAL	

NOTES: _____

_____

_____

THANK YOU FOR YOUR BUSINESS