



## RENT INVOICE

**Bill To**

Name: Ramesh  
Street Address: 123-45  
City, ST ZIP Code: Tirupati, 12345  
Phone:123456789

**Invoice No.01234501**

Invoice Date: 20-10-2022

Due Date: 30-10-2022

| Property Address                       | Rent   | Fee(s) | Total (\$) |
|--|--------|--------|------------|
| 12-56,Tirupati,Chittoor, AP Zip:123456 | 10,000 | 0      | 10,000     |
| Subtotal                               |        |        | 10,0000    |
| Other                                  |        |        | 0          |
| Total                                  |        |        | 10,000     |

**Terms and Conditions**

Thank you for your business. Please send payment within 10 days of receiving this invoice. There will be a 15% Fine on late invoices.

## PAYMENT OPTIONS



### Credit Card

☐ Visa    ☐ MasterCard    ☐ Discover    ☐ American Express

Cardholder Name: \_\_\_\_\_

Account/CC Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

CVV: \_\_\_\_\_

Zip Code: \_\_\_\_\_



### ACH Payment Details

Name on Bank Account: \_\_\_\_\_

Street Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

**I authorize the above-named business/individual to charge the Bank Account or Credit Card indicated in this authorization in accordance to the total due in the invoice above and is valid for one (1) time use only. I certify that I am an authorized user of this Bank Account or Credit Card and that I will not dispute the payment; so long as the transaction corresponds to the terms indicated in this form.**

**Bank Account or Cardholder's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**Email:** \_\_\_\_\_

