|  |
| --- |
| Commercial Rent Receipt |
|  Date: |  |
|  |
|  Business Name: |  |
|  |  |
|  |  |
|  Property Address: |  |
|  |  |
|  |  |
|  Space Description:  |  |
|  |
|  Landlord Name: |  |
|  |
|  Tenant Name: |  |
|  |
|  Amount Paid: |  |
|  |
|  Payment Period: |  |
|  |
|  Payment Method: |  |
|  |  |
|  Signature: |  |
|  |
|  |