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