RENTAL INVOICE

Invoice #: _____
Date: _____

Company Name
Address Line 1
City, State, Zip
Email / Phone

Bill To:
Name: _____
Address: _____
Phone: _____
Site Location:
Contact: _____
Address: _____
Delivery Date: _____

Container ID / Size	Rental Period	Rate	Amount
_____	____ to ____	$_____	$_____
_____	____ to ____	$_____	$_____
		Delivery Fee:	$_____
		Pickup Fee:	$_____

Subtotal: $_____
Tax: $_____

Total: $_____

Terms & Conditions:

Payment is due within ___ days. Please make checks payable to _____. All rental equipment remains the property of the lessor until returned.