

DEPOSIT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[Customer Phone]

RENTAL PROJECT:

Job Site: [Location Address]
Rental Start: _____
Rental End: _____

Equipment Description	Model/ID	Security Deposit
[Equipment Name]	[Serial #]	\$0.00
[Equipment Name]	[Serial #]	\$0.00

Subtotal: \$0.00

TOTAL DEPOSIT DUE: \$0.00

Terms & Conditions:

This deposit is required to secure the equipment for the dates listed above. Deposits are refundable upon return of equipment in original condition, less any applicable cleaning or damage fees. Cancellations within [X] hours of rental start may forfeit deposit.

Authorized Signature: _____ Date: _____