

DEPOSIT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

Invoice #: _____
Date: _____
Due Date: _____

CUSTOMER / LESSEE

[Customer Name]
[Company Name]
[Address]
[Phone/Email]

RENTAL PROJECT / JOB SITE

Location: _____
Estimated Start: _____
Contract #: _____

Machinery Description & Model #	Serial Number	Rental Period	Deposit Amount

Security Deposit: \$ _____
Mobilization Fee: \$ _____
TOTAL DEPOSIT DUE: \$ _____

TERMS & CONDITIONS

1. This deposit is required to secure the machinery for the dates specified above.
2. Security deposits are refundable upon inspection of returned equipment, subject to damage deductions.
3. Payment Instructions: [Wire Transfer / Check / Credit Card Info]

Authorized Signature

Date