

DEPOSIT INVOICE

Company Name: _____

Address: _____

Phone: _____

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

Client Name: _____

Project Site: _____

Equipment Description (Model/Serial #)	Rental Period	Daily/Weekly Rate	Security Deposit

Rental Subtotal: \$ _____

Total Security Deposit: \$ _____

TOTAL AMOUNT DUE: \$ _____

Terms & Conditions:

- Security deposit is required to reserve equipment.
- Deposit is refundable upon return of equipment in original condition, less any damages.
- Rental subject to the Master Lease Agreement signed on: _____

Authorized Signature: _____

Date: _____