INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[Contact Email]

JOB SITE:

[Site Name/Address]
[Site Contact Name]
[P.O. Number]

Equipment Description (Model/Serial #)	Rental Period	Rate	Total
[Scissor Lift Model - e.g. 19ft Electric]	___ Days / ___ Weeks	$	$
Delivery Fee	-	$	$
Pickup Fee	-	$	$
Environmental/Fuel Surcharge	-	$	$

Subtotal: $ _____

Tax: $ _____

Amount Due: $ _____

Notes: Equipment must be returned clean and fully charged/refueled to avoid additional cleaning or fuel charges.

Payment Terms: Please make checks payable to [Company Name]. Payment is due within [X] days.