

# INVOICE

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

INVOICE #

\_\_\_\_\_

DATE

\_\_\_\_\_

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CUSTOMER / BILLING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JOB SITE / DELIVERY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment Description / Model	Serial #	Rental Period	Rate	Amount
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: \$ \_\_\_\_\_  
Delivery/Pickup: \$ \_\_\_\_\_  
Fuel/Environmental: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_

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**Total Due: \$ \_\_\_\_\_**

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**Terms & Conditions:** Payment due within \_\_\_ days. Equipment must be returned in original condition. Hours over limit subject to additional charges.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_