

RENTAL INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

PO #: _____

CUSTOMER / BILL TO

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

JOB SITE / DELIVERY

[Project Name]
[Site Address]
[Site Contact Name]
[Site Contact Phone]

Equipment Description / Model #	Rental Start	Rental End	Days	Daily Rate	Total
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Subtotal: \$ _____
Delivery/Pickup Fee: \$ _____

Cleaning/Fuel Fee: \$ _____

Sales Tax (___ %): \$ _____

TOTAL DUE: \$ _____

Terms & Conditions: Payment is due within [X] days. Late returns are subject to additional daily rates. Equipment must be returned with a full tank of fuel to avoid refueling charges. Customer is responsible for any damage incurred during the rental period.