

# [COMPANY NAME]

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

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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### BILL TO:

[Customer Name]  
[Company Name]  
[Address]  
[Phone]

### JOB SITE:

[Project Name/Number]  
[Site Address]  
[Site Contact Name]

Equipment Description (Make/Model/Serial)	Rental Period	Rate (Day/Week)	Total

<b>Additional Charges (Fuel, Delivery, Insurance)</b>	<b>Amount</b>
Delivery / Pickup Fee	
Environmental / Damage Waiver	

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL: \$ \_\_\_\_\_**

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**Payment Terms:** [Net 30 / Upon Receipt]

**Notes:** Please include invoice number with your payment. Equipment must be returned with a full tank of fuel to avoid refueling surcharges.