

INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Customer Name]
[Customer Address]
[City, State, Zip]
Job Site Location:
[Site Name/Address]
[Contact Person]

Equipment Description / Model	Rental Period	Rate Type	Rate	Amount
[Scissor Lift Model - e.g. 19ft Electric]	[Start] - [End]	[Daily/Weekly]	[\$[0.00]]	[\$[0.00]]
Delivery Fee	--	Flat	[\$[0.00]]	[\$[0.00]]
Pickup Fee	--	Flat	[\$[0.00]]	[\$[0.00]]

Equipment Description / Model	Rental Period	Rate Type	Rate	Amount
Environmental/Fuel Charge	--	%	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax ([0]%) \$[0.00]

Total Amount Due: \$[0.00]

Notes / Rental Terms:

1. Equipment must be returned in the same condition as received.
2. Customer is responsible for any damages or cleaning fees incurred during the rental period.
3. Late returns are subject to additional daily charges.