

# RENTAL INVOICE

No: \_\_\_\_\_

**[COMPANY NAME]**

[Address]  
[Phone Number]  
[Website]

## CLIENT

[Client Name]  
[Billing Address]  
Event Date: [Date]  
Venue: [Venue Name]

## DETAILS

Issue Date: [Date]  
Delivery Time: [Time]  
Pickup Time: [Time]

Description	Qty	Unit Price	Total
[Item Name - e.g., Louis XVI Chairs]	0	\$0.00	\$0.00
[Item Name - e.g., Mirrored Banquet Table]	0	\$0.00	\$0.00
White Glove Delivery & Styling	1	\$0.00	\$0.00

Subtotal \$0.00

Damage Waiver (5%) \$0.00

**TOTAL AMOUNT \$0.00**

### **TERMS & CONDITIONS**

A 50% non-refundable deposit is required to secure the inventory. Final balance is due 14 days prior to the event date. Please review our policy on late returns and damaged items.