

RENTAL INVOICE

Company Name
123 Business Road
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Job Site Location:

Equipment Description (Model/CFM)	Rental Period	Rate	Amount
_____	___ to ___	\$ _____	\$ _____
Hose/Accessory Kit: _____	___ to ___	\$ _____	\$ _____
Delivery / Pickup Fee	-	\$ _____	\$ _____

Subtotal: \$ _____
Sales Tax: \$ _____
Fuel Surcharge: \$ _____

Total Due: \$ _____

Terms & Conditions: Equipment must be returned in the same condition as received. Customer is responsible for daily maintenance (oil/fluids) during the rental period.

Authorized Signature: _____