

# INVOICE

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

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

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## CUSTOMER / BILL TO:

[Name/Company]  
[Address]  
[City, State, Zip]  
[Phone]

## PROJECT / SITE LOCATION:

[Project Name]  
[Site Address]  
[Contact Person]

Equipment Description	Serial/ID #	Rental Period	Rate	Total

Subtotal: \$ \_\_\_\_\_  
Delivery/Pickup Fee: \$ \_\_\_\_\_  
Fuel/Cleaning Surcharge: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_

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

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**Terms & Conditions:**

1. All equipment is subject to inspection upon return.
2. Customer is responsible for damage or excessive wear.
3. Payment is due within [X] days of invoice date.

*Thank you for your business!*