

INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Phone] | [Email]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Customer Name]

[Customer Address]

[Customer Phone]

JOB SITE / PROJECT:

[Project Name/Location]

Rental Start: _____

Rental End: _____

Pneumatic Equipment Description (Model/ID)	Qty	Rate (Day/Week)	Duration	Total
Air Compressor (e.g., 185 CFM Diesel)				
Jackhammer / Paving Breaker				
Air Hoses & Couplers				
In-Line Oiler / Lubricator				
Fuel / Environmental Surcharge				

Subtotal: \$ _____
Tax (___%): \$ _____
Delivery/Pickup Fee: \$ _____

TOTAL DUE: \$ _____

Terms & Conditions: Equipment must be returned in original condition. Lessee is responsible for daily maintenance (oil/water drainage). All rentals are subject to the master rental agreement signed at time of delivery.