

EXOTIC RENTALS CO.

LUXURY & SUPERCAR LOGISTICS

INVOICE

[00000]

Date: [DD/MM/YYYY]

Provider:

[Company Address Line 1]

[City, State, Zip]

[Phone / Email]

Renter / Bill To:

[Client Name]

[Client Address]

[License Number]

VEHICLE INFORMATION

Year/Make/Model: [Vehicle Specs]

VIN: [000000000000000000]

License Plate: [Plate No.]

Check-Out Odometer: [00,000]

Check-In Odometer: [00,000]

Fuel Level: [Full/Full]

RENTAL PERIOD

Pick-up: [Date & Time]

Return: [Date & Time]

Description	Rate/Unit	Qty/Days	Amount
Daily Rental Rate	\$0.00	0	\$0.00
Excess Mileage Fee	\$0.00	0	\$0.00
Insurance Waiver / Coverage	\$0.00	0	\$0.00

Description	Rate/Unit	Qty/Days	Amount
Delivery / Collection Fee	\$0.00	1	\$0.00

Subtotal: \$0.00

Tax ([0%]): \$0.00

Security Deposit Held: (\$0.00)

Total Balance Due: \$0.00

NOTES & TERMS

1. All rental rates include [00] miles/km per day.
2. Vehicle must be returned with the same fuel level as recorded at check-out.
3. Subject to full inspection upon return for mechanical and aesthetic integrity.

Thank you for choosing Exotic Rentals Co.
www.companywebsite.com