

# RENTAL INVOICE

[Company Name]  
[Company Address]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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## CLIENT DETAILS

Name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Phone: \_\_\_\_\_

## VEHICLE DETAILS

Make/Model: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Plate #: \_\_\_\_\_

## RENTAL PERIOD

Check-out: \_\_\_\_\_  
Check-in: \_\_\_\_\_

## MILEAGE

Start: \_\_\_\_\_  
End: \_\_\_\_\_

Description	Rate/Unit	Qty/Days	Total
Supercar Daily Rental Fee			
Insurance Premium (CDW)			
Mileage Overage			

Description	Rate/Unit	Qty/Days	Total
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Security Deposit (Refundable)

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Subtotal \$ \_\_\_\_\_

Tax (%) \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

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#### TERMS & CONDITIONS

Vehicle must be returned with a full tank of premium fuel. Any damages not noted on the pre-rental inspection report are the sole responsibility of the renter. Security deposits are processed within 7 business days of return.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_