INVOICE

Company Name
Address Line 1
City, State, Zip
Phone: (555) 000-0000

INVOICE #: _____
DATE: _____
RENTAL PERIOD: _____

BILL TO:

_____
_____
_____

EVENT VENUE:

_____
_____

Item Description (Battery/Wireless)	Qty	Days	Rate/Day	Amount
_____	_____	_____	$_____	$_____
_____	_____	_____	$_____	$_____
_____	_____	_____	$_____	$_____
Delivery & Setup Fee	-	-	-	$_____

Subtotal: $_____

Tax: $_____

Total Due: $_____

Terms & Conditions:

1. Battery life is estimated based on standard usage.
2. A replacement fee will be charged for any equipment returned damaged or lost.
3. Please ensure all units are powered off before return transport.