RENTAL INVOICE

[Your Company Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Shoot Date: _____

CLIENT / PRODUCTION

[Client Name]
[Production Name]
[Client Address]
[Contact Name]

LOCATION / STUDIO

[Studio Name/Address]
[Load-in Time]
[Load-out Time]

EQUIPMENT DESCRIPTION	QTY	DAY RATE	DAYS	AMOUNT
[e.g. Profoto Pro-11 2400 AirTTL]	__	$___	__	$_____
[e.g. Profoto ProHead Plus]	__	$___	__	$_____
[e.g. 5' Octa Softbox + Speedring]	__	$___	__	$_____

EQUIPMENT DESCRIPTION	QTY	DAY RATE	DAYS	AMOUNT
[e.g. C-Stand 40" w/ Arm & Grip Head]	__	$___	__	$_____
[e.g. Delivery & Pickup Fee]	1	$___	-	$_____

Subtotal: $_____
Insurance (___%): $_____
Sales Tax: $_____
Total Balance: $_____

Terms: Net [30] Days. A certificate of insurance (COI) naming [Company Name] as additionally insured is required for all rentals. Loss or damage to equipment will be billed at full replacement value.

Payment Info: [Bank Name] | Wire/ACH: [Account #] | Routing: [Routing #]