INVOICE

[Business Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / BILL TO:

[Client Name]
[Company Name]
[Client Address]
[Client Email]

RENTAL PERIOD:

Start: _____
End: _____
Location: _____

EQUIPMENT DESCRIPTION	QTY	DAILY RATE	DAYS	TOTAL
[e.g. Profoto D2 500 AirTTL Monolight]				
[e.g. 3x4' Softbox with Speedring]				
[e.g. C-Stand with Grip Arm]				

EQUIPMENT DESCRIPTION	QTY	DAILY RATE	DAYS	TOTAL
[e.g. Wireless Trigger Set]				

Subtotal: $0.00
Damage Waiver (___%): $0.00
Sales Tax (___%): $0.00
TOTAL DUE: $0.00

Payment Terms: Please make checks payable to [Business Name]. Bank transfers accepted at [Account Details].

Notes: All equipment must be returned in the condition it was received. Late returns are subject to a daily fee equal to the standard daily rate.