RENTAL INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [Date]
PO #: [Number]

BILL TO:

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

RENTAL PERIOD & VENUE:

Start: [Date] | **End:** [Date]
Venue: [Venue Name / Booth #]
Installation: [Date/Time]

SYSTEM COMPONENT / DESCRIPTION	QTY	DURATION	UNIT RATE	TOTAL
Modular Frame System (Aluminium)				
LED Integrated Lighting Modules				
Custom Tension Fabric Graphics				

SYSTEM COMPONENT / DESCRIPTION	QTY	DURATION	UNIT RATE	TOTAL
Shelving & Media Attachments				
Logistics, Setup & Dismantle				

Subtotal: $0.00
Security Deposit: $0.00
Tax: $0.00
Amount Due: $0.00

TERMS & CONDITIONS

Payment is due within [Number] days. Late returns are subject to daily surcharges. Damaged or missing modular components will be billed at full replacement value as per the equipment schedule.