

INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]

BILL TO:

[Customer Name]
[Customer Address]
[Customer Phone]

EVENT DETAILS:

Date: [Event Date]
Setup Time: [00:00 AM/PM]
Venue: [Address/Park Name]

Inflatable / Item Description	Qty	Rate	Total
[Bounce House Model Name]	[0]	[\$[0.00]]	[\$[0.00]]
[Generator / Accessory]	[0]	[\$[0.00]]	[\$[0.00]]
Delivery & Setup Fee	1	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Amount Due: \$[0.00]

Deposit Paid: \$[0.00]

Terms & Conditions:

1. A safe, flat area must be cleared for setup. 2. Units require a dedicated power outlet within 50ft. 3. In case of high winds or heavy rain, the company reserves the right to cancel for safety. 4. Remaining balance is due upon delivery.