

RENTAL INVOICE

[Your Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [Date]
Event Date: [Event Date]

Billed To:

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

Delivery & Setup Location:

[Venue Name/Address]
Setup Time: [00:00 AM/PM]
Pickup Time: [00:00 AM/PM]

Item Description (Inflatable/Equipment)	Qty	Daily Rate	Total
[Bounce House Model Name]	[1]	[\$[0.00]]	[\$[0.00]]
[Generator / Accessories]	[1]	[\$[0.00]]	[\$[0.00]]
Delivery & Setup Fee	-	-	[\$[0.00]]
Subtotal:		[\$[0.00]]	
Sales Tax:		[\$[0.00]]	
Total Due:		[\$[0.00]]	
Deposit Paid:		(\$[0.00])	
Balance Remaining:		[\$[0.00]]	

Terms & Conditions:

1. Rental is subject to weather safety policies.
2. Unit must be supervised by an adult at all times.
3. Final payment is due upon delivery unless otherwise arranged.