

INVOICE

No: _____

Date: _____

[Corporate Rental Entity Name]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email Address]

Bill To:

[Client Company Name]

[Attention To / Department]

[Street Address]

[City, State, Zip]

Event Details:

Date: _____

Venue: _____

Setup Time: _____

PO Number: _____

Description of Equipment/Service	Qty	Daily Rate	Amount
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[Bounce House Model/Unit Name]

Delivery, Setup & Safety Inspection

On-site Attendant / Supervision

Generator Rental / Power Supply

Description of Equipment/Service	Qty	Daily Rate	Amount
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Subtotal: \$ _____
Sales Tax: \$ _____
Insurance Waiver: \$ _____

Total Due: \$ _____

Terms & Conditions:

Payment is due within [Number] days. Please make checks payable to [Entity Name]. Cancellations made within 48 hours of the event may be subject to a restocking fee. All rentals are subject to safety guidelines and weather conditions.