

INVOICE

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

Invoice #: _____
Date: _____

CUSTOMER / EVENT CONTACT

[Name]
[Company Name]
[Phone / Email]

EVENT LOGISTICS

Date: _____
Location: _____
Setup Time: _____

Item / Inflatable Name	Quantity	Daily Rate	Amount

Subtotal: \$0.00
Delivery & Setup: \$0.00
Sales Tax: \$0.00
Total Due: \$0.00

TERMS & NOTES

Deposit required to hold date. All inflatables require a dedicated power source within 50ft of setup. Please ensure the setup area is clear of debris and pet waste prior to arrival.