

# INVOICE

[Company Name]  
[Address Line 1]  
[City, State, Zip]  
[Phone Number]

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## BILL TO:

[Customer Name]  
[Customer Address]  
[Phone/Email]

## EVENT DETAILS:

Date: \_\_\_\_\_  
Setup Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Description of Equipment / Service	Qty	Hours	Rate	Total
[Obstacle Course Model Name]			\$	\$
Delivery & Professional Setup Fee		--	\$	\$
Generator / Power Supply Rental			\$	\$
Attendant / Safety Monitor Staffing			\$	\$

Subtotal: \$ \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

Deposit Paid: \$ \_\_\_\_\_

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**Balance Due: \$ \_\_\_\_\_**

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**Terms & Conditions:**

1. Equipment must be operated in accordance with safety guidelines provided.
2. Full payment is due prior to or at the time of setup.
3. Cancellation policies apply as per the signed rental agreement.