

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Event Date: _____

BILL TO:

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

DELIVERY LOCATION:

[Venue Name/Address]
Setup Time: _____
Pickup Time: _____

Description (Inflatable Unit Name / Size)	Qty	Daily Rate	Total
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Add-ons (Generator, Attendants, Concessions)

Subtotal: \$ _____
Delivery/Setup Fee: \$ _____
Sales Tax: \$ _____

TOTAL: \$ _____
Deposit Paid: (\$ _____)
BALANCE DUE: \$ _____

Terms & Conditions:

1. Rental is subject to weather safety policies.
2. Surface must be level and clear of debris/pet waste.
3. Power source must be within 50ft of setup location.

Thank you for your business!