

# INVOICE

[Business Name]

[Address Line 1]

[City, State, Zip]

[Phone Number]

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

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

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## CUSTOMER:

[Name]

[Address]

[Phone]

## EVENT DETAILS:

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

Setup Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Description (Inflatable / Add-on)	Qty	Unit Price	Total
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Subtotal: \$ \_\_\_\_\_

Delivery/Setup Fee: \$ \_\_\_\_\_

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

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

Deposit Paid: (\$ \_\_\_\_\_)

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

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**Terms & Conditions:**

1. A safe, flat area with access to power is required for setup.
2. Rental is subject to weather safety policies.
3. Balance is due prior to or upon delivery.