

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Event Date: _____

CUSTOMER INFORMATION

Name:
Address:
Phone:
Email:

DELIVERY & SETUP DETAILS

Setup Surface (Grass/Dirt/Concrete): _____
Power Source Available: [] Yes [] No
Delivery Time: _____
Pickup Time: _____

Inflatable Unit / Equipment Description	Quantity	Daily Rate	Total
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Delivery/Setup Fee: \$ _____

Cleaning Deposit: \$ _____

Inflatable Unit / Equipment Description	Quantity	Daily Rate	Total
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GRAND TOTAL: \$ _____

TERMS & CONDITIONS

1. A non-refundable deposit is required to hold date.
2. Units must not be moved once set up by staff.
3. Adult supervision is required at all times.
4. No food, shoes, or sharp objects inside units.

Customer Signature: _____

Thank you for your business! Please contact us for any weather-related cancellations.