

# INVOICE

**[Company Name]**

[Street Address]

[City, State, Zip]

[Phone Number]

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

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

**Event Date:** \_\_\_\_\_

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## CUSTOMER / BILLING

[Name]

[Address]

[Phone]

[Email]

## SETUP LOCATION

[Venue/Residence Name]

[Address]

[Setup Surface: Grass/Concrete/Indoor]

[Power Source Available: Yes/No]

Item / Inflatable Name	Quantity	Daily Rate	Amount
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Subtotal: \$ \_\_\_\_\_

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

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

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**Total Due: \$** \_\_\_\_\_

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

**Balance Remaining: \$** \_\_\_\_\_

#### TERMS & NOTES

1. Rental duration: [Start Time] to [End Time].
2. Waiver must be signed prior to setup.
3. In case of severe weather or high winds, equipment must be deflated immediately.
4. Payment Method: [Cash / Credit / Check]