INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

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

Event Details:

Event Date: _____
Delivery Date: _____
Return Date: _____

Item Description (Size/Color)	Quantity	Unit Price	Total
Tablecloths (Round/Rect)		$	$
Cloth Napkins		$	$
Table Runners		$	$
Chair Covers / Sashes		$	$
Delivery/Setup Fee	1	$	$

Subtotal: $_____

Tax: $_____

Security Deposit: $_____

Grand Total: $_____

Terms & Conditions:
All linens must be returned free of wax, burns, or permanent damage. Do not place wet linens in plastic bags to avoid mildew.