

EQUIPMENT LEASE INVOICE

Lessor:

[Company Name]
[Address Line 1]
[Address Line 2]
[Tax ID/VAT]

Invoice #: _____
Date: _____
Due Date: _____

LESSEE (BILL TO) [Client Name]
[Client Address]
[Contact Person]
[Phone Number]
PROJECT / SITE LOCATION [Project Name/Site ID]
[Installation Address]
[Lease Period Start - End]

Equipment Description (Model/Serial #)	Voltage Rating	Quantity	Lease Rate (Daily/Monthly)	Total

PAYMENT INSTRUCTIONS

Bank Name: _____
Account Name: _____
Account #: _____
SWIFT/Routing: _____

Subtotal: \$ _____
Tax (___%): \$ _____
Insurance/Surcharge: \$ _____

TOTAL DUE: \$ _____

Terms and Conditions: High voltage equipment must be operated by certified personnel only. Late payments are subject to a _____% monthly interest charge. Lease remains subject to the Master Rental Agreement.