

AUDIO SOLUTIONS LTD.

123 Sonic Way, Suite 400
Nashville, TN 37203
contact@audiosolutions.com

INVOICE

#INV-0000
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

PROJECT/VENUE:

[Event Name or Venue]
[Production Manager]
[PO Number]

Description of Equipment / Service	Qty	Rate/Day	Days	Amount
[Model/Item Name - e.g., Line Array Module]	0	\$0.00	0	\$0.00
[Model/Item Name - e.g., Digital Mixing Console]	0	\$0.00	0	\$0.00
[Model/Item Name - e.g., Wireless Mic System]	0	\$0.00	0	\$0.00

Description of Equipment / Service	Qty	Rate/Day	Days	Amount
Cabling, Rigging & Distribution Package	1	\$0.00	0	\$0.00
Labor: System Engineer / A1	1	\$0.00	0	\$0.00

Subtotal: \$0.00
Equipment Discount: (\$0.00)
Sales Tax: \$0.00
TOTAL DUE: \$0.00

Payment Terms: Net 30. Please make checks payable to "Audio Solutions Ltd."

Note: All rental equipment is subject to the terms and conditions signed in the Master Rental Agreement. Damaged or lost gear will be billed at full replacement value.