# INVOICE

**[Staging Company Name]**
[Street Address]
[City, State, Zip]
[Phone / Email]

**Invoice #:** [0000]
**Date:** [Date]
**Staging Start Date:** [Date]
**Contract Term:** [30/60/90 Days]

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**CLIENT / BILL TO:**

[Client Name]
[Billing Address]
[City, State, Zip]
[Phone]

**STAGING PROPERTY LOCATION:**

[Property Address]
[City, State, Zip]
[Listing Agent Name]

| Inventory Item / Room Room | Qty | Rental Rate (Monthly) | Total |
|---|---|---|---|
| Living Room Set (Sofa, Chairs, Rug, Decor) | 1 | $0.00 | $0.00 |
| Dining Room Set (Table, 6 Chairs, Art) | 1 | $0.00 | $0.00 |

| Inventory Item / Room Room | Qty | Rental Rate (Monthly) | Total |
|---|---|---|---|
| Master Bedroom Suite | 1 | $0.00 | $0.00 |
| Design & Installation Fee (One-time) | 1 | $0.00 | $0.00 |
| Pickup / De-staging Fee | 1 | $0.00 | $0.00 |

Subtotal: $0.00
Tax: $0.00
Security Deposit: $0.00

## Amount Due: $0.00

**Notes / Terms:**

- Full payment is required prior to installation.
- Rental renewals will be billed every 30 days unless written notice is received.
- Client is responsible for any damage to inventory during the rental period.