

LANDSCAPING EQUIPMENT INVOICE

[Company Name] _____

[Address / Phone] _____

INVOICE #
DATE

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

RENTAL PERIOD

Pick-up Date: _____

Return Date: _____

Job Location: _____

Equipment Description	Model/ID	Qty/Days	Rate	Amount

Subtotal: \$ _____

Delivery/Fuel Fee: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

TERMS & CONDITIONS

All equipment must be returned clean and full of fuel. Customer is responsible for damage beyond normal wear and tear.

Customer Signature

Date