RENTAL INVOICE

Invoice No.	
Date	
Agreement No.	
Job/PO No.	
Due Date	

LESSEE (CUSTOMER)

Company:

Contact:

Address:

Phone:

Email:

JOB / DELIVERY SITE

Site Name:

Address:

Site Contact:

Phone:

Delivery Date:

EQUIP ID	DESCRIPTION (MAKE, MODEL, SERIAL)	RENTAL PERIOD (OUT - IN)	RATE (DAY/WK/MO)	TOTAL AMT

Rental Terms & Conditions

The lessee agrees that the equipment listed above was received in good working condition. All rental units must be returned clean and full of fuel to avoid additional servicing charges. Any damage sustained during the rental period is the sole financial responsibility of the lessee.

Rental Subtotal	
Delivery / Pickup	
Fuel / Environmental Charges	
Damage Waiver / Insurance	
Tax Rate (%)	
Total Tax Amount	
Total Due	

Lessor Signature & Date

Lessee Signature & Date