

Details

Event & Party Rental

Client: _____ Event Date: _____

Phone: _____ Alternate Phone: _____

Address: _____

E-mail: _____ Event Type: _____

Driver's License Number: _____ Event Location: _____

Pick Up Time/Date: _____ Return Time/Date: _____

Rental Item	Quantity	Price Each	Price
Sales Tax		8.25%	\$
Grand Total			\$

Payment Type Amount Paid/Due Date Payment Method

Security Deposit

First Payment

Final Payment

Name & Phone # of person picking up:

Name & Phone # of person returning:

Owner: _____ Date: _____

Client: _____ Date: _____