

REMIT PAYMENT TO:

167 Wall Street, Grangerville, NY 12871 518-587-8755 | Fax: 866-793-7501 Email: info@tentrent.com

PLEASE COMPLETE AND FAX OR MAIL TO RAIN OR SHINE OR CALL 518-587-8755

A 50% deposit is required for all rentals. If event is less than 10 days from the date of completing payment, 100% of invoice is due. If paying by check we will need a credit card on file for any final charges. **No deliveries will be scheduled without approved payment arrangements.**

Date:	Invoice Number:		_ Event	Date:		
Bill To:	·····	Conta	ct Person:			
Email:		Phone	Number:			
Address:		City:		State:	Zip:	
Deposit Date:	Deposit Amo	unt: \$	(50% Deposi	t Required)		
CHECK Check Numb	er:					
CREDIT CARD AUTHORIZAT	TION Credit Card N	umber:				
Card Type (circle): MasterCa	ard Visa AMEX CV	V:	Exp Date: _	/		
If I do not pay in advance or credit card the outstanding credits will be returned to	invoice balance the To	=	-		_	_
Signature:						