

Invoice # _____
Date: _____

TO: _____
Phone: _____
Company: _____
Address: _____

Email address: _____

From: Aura Shop
Kate Mitchell
310. 584.9998
2914 Main Street
Santa Monica, CA 90405

Date of Rental: _____

Quantity:	Item Description/ Code:	Cost:

Total Cost of goods received: \$ _____ **at 33% retail price: \$ _____**

\$ _____ **Total Rental Fee (due day of pick up or before)**

Please sign at pick up acknowledging that you have received the following (#) _____ items:

Print Name: _____

X _____ Date: _____
(signature)