



VersaLift
Systems

JOBSITE INVOICE

CUSTOMER NAME: _____

Phone 1 _____ Phone 2 _____

ADDRESS: _____

CITY _____ State _____ ZIP _____

DESCRIPTION OF WORK TO BE PERFORMED

LABOR FEE \$ _____

DESCRIPTION OF VERSALIFT ORDERED:

MODEL _____ SIZE _____ PRICE \$ _____

VERSARAIL ___Yes ___No PRICE \$ _____

PRICE \$ _____

TAX \$ _____

TOTAL \$ _____

DEPOSIT \$ _____

DUE ON COMPLETION \$ _____

Approved (Owner)

Approved (VERSALIFT / Cynergy Corporation)

Date _____

Date _____