

# DEPOSIT INVOICE: SPECIALIZED PARTS

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Shop Information**

[Business Name]

[Address Line 1]

[Phone Number]

[License / Tax ID]

## **Customer / Vehicle Details**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Vehicle: [Year/Make/Model]

VIN: \_\_\_\_\_

Specialized Part Description / SKU	Lead Time	Price

Total Estimated Parts Cost: \$ \_\_\_\_\_

**Required Deposit ( \_\_\_\_ %): \$ \_\_\_\_\_**

Balance Due Upon Installation: \$ \_\_\_\_\_

### **Terms & Conditions:**

- Specialized parts are non-refundable once ordered.
- Deposit is required to initiate the procurement process.
- Estimated arrival dates are subject to manufacturer availability.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Thank you for choosing [Business Name]. Work will commence upon receipt of funds.