

SPECIAL ORDER DEPOSIT

Invoice #: _____

Date: _____

[Dealership/Shop Name]

[Street Address]

[City, State, Zip]

[Phone Number]

Customer Information

Name: _____

Phone: _____

Email: _____

Vehicle Details

VIN: _____

Year/Make/Model: _____

Mileage: _____

Part Number	Component Description	Qty	Unit Price	Total
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Estimated Subtotal: \$ _____

Tax & Fees: \$ _____

DEPOSIT DUE (___ %): \$ _____

Terms and Conditions:

1. Special order components are non-returnable and non-refundable once ordered.
2. The deposit amount will be applied toward the final balance upon installation or pickup.
3. Estimated arrival dates are subject to manufacturer availability and shipping delays.
4. Parts not claimed within 30 days of arrival may result in forfeiture of deposit.

Customer Signature: _____ Date: _____