

# PARTS DEPOSIT INVOICE

[Shop Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Estimate #:** \_\_\_\_\_

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## CUSTOMER DETAILS

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## VEHICLE DETAILS

Year/Make/Model: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Mileage: \_\_\_\_\_

Part Number / Description	Qty	Unit Price	Total

Parts Subtotal: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_  
Required Deposit ( \_\_\_\_ %): \$ \_\_\_\_\_

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**Terms:** This deposit is required to order the parts listed above. Deposits are non-refundable once parts have been shipped by the supplier. The remaining balance for labor and additional shop fees is due upon completion of vehicle service.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_