

DEPOSIT INVOICE

Specialized Auto Parts & Components

Invoice #: _____

Date: _____

VENDOR:

[Business Name]

[Address Line 1]

[Phone Number]

[Tax ID]

CUSTOMER:

[Customer Name]

[Contact Number]

[Email Address]

VEHICLE INFORMATION:

VIN: _____ YEAR/MAKE: _____ MODEL: _____

Part Description / SKU	Lead Time	Total Price	Deposit Req.
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Total Estimated Cost: \$ _____

DEPOSIT DUE: \$ _____

Remaining Balance: \$ _____

TERMS & CONDITIONS:

- This deposit is required to initiate the procurement of specialized/custom components.

- Deposits for special-order parts are [Non-Refundable/Partial Refund].
- Estimated delivery dates are subject to manufacturer availability.
- Balance is due in full upon part arrival or installation.

Authorized Signature: _____ Date: _____