

DEPOSIT INVOICE

[Company Name]

[Company Address]

[Tax ID / Business Number]

Invoice #: _____

Date: _____

PO #: _____

BILL TO

[Customer Name]

[Street Address]

[City, State, Zip]

[Contact Phone]

VEHICLE/EQUIPMENT INFO

Make/Model: _____

VIN/Serial: _____

Part Category: *Specialized Replacement*

Part Number / ID	Description	Qty	Unit Price	Total Price
[ID-001]	[Specialized Component Name]	1	0.00	0.00
[ID-002]	[Shipping/Handling]	1	0.00	0.00

Subtotal: 0.00

Tax: 0.00

Grand Total: 0.00

Required Deposit (___%): 0.00

TERMS & CONDITIONS

1. This deposit is required to initiate the procurement of specialized/custom parts.

2. Deposits on special order parts are non-refundable once the order is placed with the manufacturer.

3. Estimated arrival dates are subject to manufacturer lead times and shipping delays.

4. Remaining balance is due in full upon delivery or installation of parts.