DEPOSIT INVOICE

[Business Name]
[Address Line 1]
[Phone / Email]

Date: _____
Invoice #: _____
PO #: _____

Bill To:
[Customer Name]
[Customer Address]
[Customer Phone]
Vehicle / Transmission Info:
Year/Make/Model: _____
VIN: _____
Unit Code: _____

Part Description / Service	Qty	Unit Price	Total
[Transmission Model / Part Name]			
Core Charge (If applicable)			
Special Order Surcharge			

Subtotal: $_____
Tax: $_____

Total Quote: $_____
DEPOSIT DUE: $_____

Terms & Conditions: Deposits on transmission parts are non-refundable once the order has been processed. The remaining balance is due upon delivery/installation. Parts remain the property of [Business Name] until paid in full.

Customer Signature: _____ Date: _____