[STRATEGY AGENCY NAME]

DEPOSIT INVOICE

#INV-000

From:
[Your Name / Agency]
[Street Address]
[City, State, Zip]
[Email/Phone]
Bill To:
[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

SERVICE DESCRIPTION	PROJECT TOTAL	DEPOSIT %	AMOUNT
Brand Strategy Phase Research, Competitive Analysis, & Positioning	$0.00	50%	$0.00

Subtotal: $0.00
Tax: $0.00
Deposit Due: $0.00

Payment Terms:
Deposit is required prior to project commencement. Non-refundable.

Payment Methods:
[Bank Transfer / Wire / Online Payment Link]