DEPOSIT INVOICE

ID: [Invoice Number]

[Agency/Designer Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO **[Client Name]**
[Company Name]
[Street Address]
[City, State, Zip]

PROJECT REF Corporate Identity Design
DATE ISSUED [MM/DD/YYYY]
DUE DATE Upon Receipt

DESCRIPTION OF SERVICES	AMOUNT
Corporate Identity Design - Phase 1 Logo design, typography guidelines, and brand color palette. (50% Advance Deposit to initiate project)	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Deposit: $0.00

PAYMENT INSTRUCTIONS Bank Transfer: [Bank Name] / Account: [Number] / Routing: [Number]
Note: This deposit is non-refundable and secures your placement in the design schedule.