[CONSULTANT NAME / STUDIO]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

DEPOSIT INVOICE

[0000]

BILL TO:
[Client Name]
[Client Company]
[Client Address]

DATE: [MM/DD/YYYY]
DUE DATE: Upon Receipt

DESCRIPTION	AMOUNT
Project Deposit: [Project Name] Initial 50% deposit to commence creative discovery and design services.	$0.00

Subtotal: $0.00
Tax (0%): $0.00
TOTAL DUE: $0.00

PAYMENT INSTRUCTIONS:
[Bank Transfer Details / Payment Link / Check Mailing Address]

TERMS:
This deposit is non-refundable and secures project scheduling. Work will commence once payment is received.