[FIRM NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

DEPOSIT INVOICE

Number: #[000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Contact Person]
[Client Address]
[Client Email]

PROJECT

[Project Title/Name]
Estimated Total: $[0.00]

DESCRIPTION	PERCENTAGE	AMOUNT
Initial Design Deposit / Project Commencement Fee Required to secure schedule and begin creative phase.	[0]%	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Deposit Due: $[0.00]

Payment Terms: Deposit is non-refundable. Work will commence upon receipt of payment.

Payment Methods: [Bank Transfer / CC / PayPal]