DEPOSIT INVOICE

[Design Studio Name]

Invoice #: [0000]

Date: [Date]

FROM

[Your Name / Studio]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

PROJECT: IDENTITY SYSTEM DESIGN

Description	Total Project Fee	Deposit (%)	Amount
Identity Design Deposit Initial deposit for visual identity, logo system, and brand guidelines.	$[0.00]	[50]%	$[0.00]

Subtotal: $[0.00]

Total Deposit Due: $[0.00]

PAYMENT TERMS

Deposit is required prior to project commencement. Remaining balance due upon delivery of final assets.

Payment Methods: [Bank Transfer / Credit Card / Check]