# DEPOSIT INVOICE

Project: Visual Identity Design

**INVOICE NUMBER**

#INV-____

**DATE**

____/____/20__

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**FROM**

[Your Name/Studio]
[Address]
[Email]

**BILL TO**

[Client Name]
[Company Name]
[Address]

| DESCRIPTION | AMOUNT |
| --- | --- |
| **Visual Identity Package - Deposit**<br>Initial 50% payment to initiate project research and concept development. | $ 0.00 |

Project Total: $ 0.00
Deposit Percentage: 50%
Amount Due: $ 0.00

**PAYMENT TERMS**

Deposit is non-refundable. Work will commence upon receipt of payment. Balance due upon final delivery.

**PAYMENT METHODS**

Bank Transfer: [Account Info] / PayPal: [Email]