

# DEPOSIT INVOICE

[Business Name]  
[Address Line 1]  
[City, State, Zip]

**BILL TO**

[Client Contact Name]  
[Client Company Name]  
[Client Address]

INVOICE #: [00000]  
DATE: [Month DD, YYYY]  
PROJECT: [Project Name/Ref]

Description of Advisory Services	Total Value	Deposit %	Amount
Strategic Business Advisory - Retainer/Initial Phase Deposit	\$0.00	0%	\$0.00

Subtotal: \$0.00  
Tax (0%): \$0.00

**Deposit Due: \$0.00**

**PAYMENT TERMS & INSTRUCTIONS**

Deposit is required prior to commencement of strategic consulting services. Please remit payment via [Bank Transfer/Check/Wire] to the following account: [Account Details].

Thank you for your business.