[DESIGN STUDIO NAME]

DEPOSIT REQUEST

Invoice #: [0000]
Date: [Date]

CLIENT

[Client Name]
[Address Line 1]
[Address Line 2]

PROJECT

[Project Name/Reference]
[Location/Phase]

Description	Total Project Value	Deposit %	Amount Due
Bespoke Interior Design Services & Procurement Deposit	$0.00	50%	$0.00

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

PAYMENT TERMS

Please make payment via [Bank Transfer/Credit Card] within [Number] days. Work will commence upon receipt of funds. This deposit is non-refundable and will be applied toward the final project balance.

[Company Website] | [Email Address] | [Phone Number]