# RETAINER INVOICE

[Your Design Studio Name]
[Address Line 1]
[Email / Phone]

**Invoice #:** _____
**Date:** _____
**Project:** _____

BILL TO

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

TERMS

Retainer due upon receipt.
Applied to: [Agreement Date]

| Description of Services / Phase | Amount |
|---|---|
| Interior Design Services Retainer (Non-refundable) | $ 0.00 |
| Purchasing/Procurement Deposit (If applicable) | $ 0.00 |

Subtotal: $ 0.00
Tax: $ 0.00
Total Amount Due: $ 0.00

**Notes:** This retainer is required to initiate the design process and reserve your placement on our project calendar. All work is subject to the terms of the signed Interior Design Agreement.

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