

DEPOSIT INVOICE

[Your Fitness Business Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Corporate Client Name]
[Contact Person]
[Company Address]
[Email Address]

EVENT DETAILS

Program: [e.g., Corporate Yoga / HIIT Series]
Schedule: [Dates/Frequency]
Location: [On-site / Virtual / Studio]

Description	Full Quote	Deposit %	Amount
Corporate Fitness Program Deposit (Non-refundable)	\$ 0.00	0%	\$ 0.00
Equipment Rental / Setup Fee (if applicable)	\$ 0.00	-	\$ 0.00

Subtotal: \$ 0.00
Tax: \$ 0.00
Deposit Due: \$ 0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Your Business Name]**. For Bank Transfer (ACH) or Credit Card payments, please use the following details: [Payment Details].

Note: This deposit is required to secure the scheduled dates and is applied toward the final balance.