

# DEPOSIT INVOICE

[Studio/Trainer Name]

[Address Line 1]

[Email/Phone]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

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## Bill To:

[Client Name]

[Client Address]

[Client Phone]

Description	Package Type	Quantity	Total Price
Fitness Class Package (Deposit)	[e.g., 10-Class Pass]	1	[\$0.00]

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Package Subtotal: [\$0.00]

**Deposit Percentage: [%]**

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**Deposit Amount Due: \$[0.00]**

Remaining Balance: \$[0.00]

## Payment Instructions:

[Insert Payment Methods: e.g., Bank Transfer, Credit Card Link, Cash]

Deposits are non-refundable. Remaining balance is due upon first class attendance.

Thank you for choosing [Studio Name]!