

# FITNESS CO.

[Business Address]

[City, State, Zip]

[Email/Phone]

## DEPOSIT INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

### BILL TO:

[Primary Contact Name / Group Name]

[Address]

[Email/Phone]

### PROGRAM DETAILS:

Start Date: \_\_\_\_\_

Duration: \_\_\_\_\_

CLIENT NAME	TRAINING PROGRAM / SERVICE	FULL PACKAGE PRICE	DEPOSIT DUE (25%)
[Client Name 1]	[Service Description]	\$0.00	\$0.00
[Client Name 2]	[Service Description]	\$0.00	\$0.00
[Client Name 3]	[Service Description]	\$0.00	\$0.00

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

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TOTAL DEPOSIT: \$0.00

**PAYMENT INSTRUCTIONS:**

Please complete payment via [Bank Transfer/Online Link/Check].  
Remaining balance of \$\_\_\_\_\_ due by date: \_\_\_\_\_

**TERMS & CONDITIONS:**

Deposits are non-refundable and secure the session blocks for all listed participants. Any cancellations must be made 24 hours in advance to retain credit.

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Thank you for choosing Fitness Co. for your group training goals.