

DEPOSIT INVOICE

Personal Trainer Collective

Invoice #: _____

Date: _____

TRAINER / COLLECTIVE

[Name/Business Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

BILL TO

[Client Name]

[Client Address]

[City, State, Zip]

[Client Email]

Description of Training Package	Full Price	Deposit Amount
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[Package Name - e.g., 12-Week Transformation]	\$ _____	\$ _____
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Total Package Value: \$ _____

Remaining Balance: \$ _____

DEPOSIT DUE: \$ _____

PAYMENT NOTES

Payment Methods: [Bank Transfer / Credit Card / Cash]

Due Date: [Date]

Note: Deposits are non-refundable and secure your sessions/start date.

Personal Trainer Collective • Thank you for your commitment to your fitness journey.