

DEPOSIT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Customer Name]
[Property Address]
[City, State, Zip]
[Phone/Email]

Project Details:

Roof Type: Residential Asphalt Shingle
Estimated Start Date: _____
Contract Reference: _____

Description of Services / Materials	Amount
Roofing Project Deposit	
Initial payment for material procurement (Asphalt Shingles, Underlayment, Flashing) and project scheduling for [Property Address].	\$ 0.00

Total Contract Value: \$ 0.00
Deposit Percentage: ____ %

TOTAL DEPOSIT DUE: \$ 0.00

Terms & Instructions:

1. Deposit is required to secure the project start date and order materials.
2. Remaining balance is due immediately upon completion of the roofing installation.
3. Please make checks payable to: **[Company Name]**.

Thank you for your business. We look forward to protecting your home.