

DEPOSIT INVOICE

Invoice #: _____

Date: _____

Service Provider:

Phone: _____

Customer / Job Site:

Phone: _____

Description of Gutter Services	Estimated Total
<input type="checkbox"/> Gutter Cleaning & Inspection <input type="checkbox"/> Leak Sealing / Joint Repair <input type="checkbox"/> Downspout Realignment/Replacement <input type="checkbox"/> Fascia/Soffit Repair <input type="checkbox"/> Other: _____	\$

Estimated Total: \$ _____

DEPOSIT DUE (___ %): \$ _____

Remaining Balance: \$ _____

Terms & Conditions:

1. Deposit is required to secure the project start date and purchase materials.
2. Remaining balance is due immediately upon completion of services.
3. Estimated total is subject to change based on hidden damage found during repair.

Customer Signature: _____

Date: _____