

DEPOSIT INVOICE

Project: Residential Metal Roofing

Invoice #: _____

Date: _____

CONTRACTOR

[Company Name]
[Address Line 1]
[Phone Number]
[License Number]

CLIENT / PROPERTY

[Client Name]
[Service Address]
[Email/Phone]

Description of Materials & Services	Estimated Total
Metal Roof Installation Material: [Gauge/Type/Color] Area: [Square Footage] sq. ft. Includes: Underlayment, flashing, trim, and labor.	\$ 0.00

Total Project Estimate: \$ 0.00
Deposit Percentage: ____ %
DEPOSIT DUE NOW: \$ 0.00

Terms: This deposit is required to secure the project start date and initiate material procurement. The remaining balance is due upon completion of the installation unless otherwise stated in the primary contract.

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

Client Signature