

[Business Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[License #]

DEPOSIT INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Property Address]
[Phone Number]

PROJECT:

[Roof Type/Material]
[Estimated Start Date]

Description of Services / Materials	Total Project Quote	Deposit Percentage	Amount Due
Residential Roofing Deposit for: [Address] Required for material procurement and scheduling.	\$	%	\$

Total Project Estimate: \$ _____

DEPOSIT AMOUNT DUE NOW: \$ _____

Terms & Conditions:

This deposit is required to secure the project start date and order materials. The remaining balance of \$ _____ is due upon completion of the work. Please make checks payable to **[Business Name]**.

Thank you for your business!