

**[COMPANY NAME]**

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

**DEPOSIT INVOICE**

Invoice #: [0000]  
Date: [Date]  
Due Date: [Date]

**BILL TO**

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

**PROJECT SITE**

[Property Address]  
[City, State, Zip]  
Type: [e.g., Asphalt Shingle / Metal]

Description of Services / Materials	Project Total	Deposit (%)	Amount
Initial Deposit for Roofing Materials & Project Scheduling	\$0.00	[00]%	\$0.00

Project Estimated Total: \$0.00  
Deposit Amount Due: \$0.00

**Terms & Conditions:**

- Deposit is required to secure the project start date and order specialized materials.
- Full project balance is due immediately upon completion of the scope of work.
- Please make checks payable to: [Company Name].