

DEPOSIT INVOICE

Residential Shingle Repair Services

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

BILL TO:

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Project Ref: [Shingle Repair/Job Name]

Description of Shingle Repair Work	Estimated Total
[Brief description of repair area, e.g., North-west slope, ridge cap replacement, flashing repair]	\$0.00

Estimated Project Total: \$0.00

Deposit Percentage: [0]%

DEPOSIT AMOUNT DUE: \$0.00

Payment Terms:

Deposit is required to schedule work and order materials. Final balance is due upon completion of repairs.

Notes: [Insert warranty info or material arrival dates here]