[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

DEPOSIT INVOICE

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

CLIENT / BILL TO

[Client Company Name]
[Contact Name]
[Address]
[City, State, Zip]

CAMPAIGN PROJECT

Project: [Campaign Name/Title]
PO #: [Reference Number]
Duration: [Start Date - End Date]

Description	Estimated Total	Deposit %	Amount
[Phase 1: Strategy, Creative Development & Media Buy Deposit]	$[0.00]	[50%]	$[0.00]
[Production & Asset Creation Advance]	$[0.00]	[100%]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
DEPOSIT DUE: $[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
Account Name: [Name]
Account Number: [Number]
Routing / Swift: [Code]

** This deposit is required prior to the commencement of media placements and production services.*