[AGENCY/FREELANCER NAME]

DEPOSIT INVOICE
[Invoice Number]
Date: [Date]

From:
[Your Name/Business]
[Address Line 1]
[Email/Phone]
Bill To:
[Client Name/Company]
[Address Line 1]
[Contact Email]

Campaign: [Campaign Name/Quarter]

Description of Services	Total Project Value	Deposit %	Amount
Content Marketing Strategy & Execution (Deposit required to commence production)	$0.00	0%	$0.00

Subtotal: $0.00
Tax: $0.00
Total Deposit Due: $0.00
Payment Instructions
Bank Name: [Name]
Account Number: [Number]
Routing/SWIFT: [Code]

Terms & Conditions:

This is a non-refundable deposit required to secure the campaign timeline and resources. Work will commence upon receipt of payment. The remaining balance will be billed according to the agreed milestone schedule.