[AGENCY NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

DEPOSIT INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Company Name]
[Address]
[Email]

PROJECT:

[Project Name/Title]
Account Manager: [Name]

Description of Services	Total Project Value	Deposit %	Amount
[Service Name - e.g., Social Media Management Setup]	$0.00	0%	$0.00
[Service Name - e.g., Website Re-design Phase 1]	$0.00	0%	$0.00

Subtotal: $0.00
Tax (if applicable): $0.00

DEPOSIT DUE: $0.00

Payment Terms: Deposits are non-refundable and required to commence project work.

Payment Methods: [Wire Transfer / Credit Card / ACH / PayPal]