[AGENCY NAME]

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

DEPOSIT INVOICE

[Invoice-Number]
Date: [Date]
Due Date: [Date]

BILL TO **[Client Company Name]**
[Contact Name]
[Street Address]
[City, State, Zip]
PROJECT REFERENCE **[Project Name/Campaign]**
PO Number: [Number]
Account Manager: [Name]

Description of Services	Total Project Value	Deposit %	Amount
[Service Item/Phase Name] - Initial Deposit	$[0.00]	[50]%	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Deposit Due: $[0.00]

PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Payment via [Wire/ACH/Check].
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Note: Work on the project will commence immediately upon receipt of this deposit.