

DESIGN DEPOSIT INVOICE

[Business Name]

[Phone Number]

[Email/Website]

Invoice #: _____

Date: _____

Season: [Spring/Summer/Fall/Winter]

CLIENT INFORMATION [Client Name]

[Service Address]

[City, State, Zip]

[Phone]

PROJECT SCOPE **Project:** [e.g., Backyard Master Plan]

Estimated Start: [Month/Year]

Designer: [Name]

Description of Design Services	Amount
Initial Landscape Design Fee Consultation, site measurements, and preliminary 2D/3D renderings.	\$0.00
Seasonal Planting Plan Selection of perennials, shrubs, and seasonal annuals.	\$0.00
Subtotal: \$0.00	
Tax: \$0.00	
Deposit Due: \$0.00	

Terms: This deposit is required to secure your place in our seasonal design schedule. Design work will commence upon receipt of payment. This fee is [refundable/non-refundable] and may be applied toward the final installation cost as per the contract agreement.

Payment Methods: [Check / Credit Card / Bank Transfer]