DEPOSIT INVOICE

[Invoice Number]

PRIORITY EMERGENCY INSTALLATION

Date: [Date]

Service Provider:
[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]
Bill To (Commercial Client):
[Client Name / Company]
[Site Address]
[City, State, Zip]
[Contact Person]

Description of Emergency Services	Estimated Total
Project: [Brief Installation Description] Immediate dispatch, site assessment, and priority equipment procurement.	$[0.00]

Estimated Project Total: $[0.00]
DEPOSIT DUE NOW ([%]%): $[0.00]

Remaining Balance: $[0.00]

Payment Terms: Deposit is required before technician dispatch and material ordering. All emergency calls are subject to [X] hour minimum labor.

Payment Methods: [Bank Wire / Credit Card / Corporate Check]