DEPOSIT INVOICE

24/7 EMERGENCY SERVICE

[Plumbing Company Name]
[Address Line 1]
[Phone Number]
[License Number]

BILL TO:
[Customer Name]
[Service Address]
[City, State, Zip]
[Phone Number]

Invoice #: [00000]
Date: [Date]
Job Ref: [Emergency Ticket ID]

Description of Emergency Services / Parts Ordered	Amount
[Service: e.g., Main Line Burst Repair - Mobilization & Materials]	$0.00
[Emergency After-Hours Dispatch Fee]	$0.00

Total Estimated Job Cost: $0.00

REQUIRED DEPOSIT (50%): $0.00
Balance Due Upon Completion: $0.00

Terms & Conditions:

1. This deposit is required to secure emergency dispatch and purchase necessary materials. 2. Deposits are non-refundable once the technician has arrived on-site or materials have been specially ordered. 3. Final payment is due immediately upon completion of repair. 4. Customer authorizes [Company Name] to commence work as described.

_____
Customer Signature

_____
Technician Signature

Thank you for choosing [Company Name]. We appreciate your business during this emergency.