DEPOSIT INVOICE

EMERGENCY SERVICE

[Contractor Name/Company]
[Address]
[Phone Number]
[License #]

BILL TO:
[Client Name]
[Service Address]
[Client Phone]

Invoice #: [0000]
Date: [Date]
Due Date: Upon Receipt

Description of Emergency Work	Amount
Emergency Call-Out Fee & Initial Diagnostics	$0.00
Labor / Parts Deposit for: [Nature of Leak/Burst]	$0.00

Subtotal: $0.00

TOTAL DEPOSIT REQUIRED: $0.00

Payment Method: [Credit Card / Cash / Electronic Transfer]

Notice: This deposit is required to secure immediate emergency dispatch and materials. This amount will be credited toward the final project balance. Work will commence upon confirmation of payment.