DEPOSIT INVOICE

EMERGENCY DISPATCH

[Business Name]

[Address Line 1]
[Phone Number]
[License #]

BILL TO:

[Customer Name]
[Service Address]
[Phone Number]

Invoice #: _____

Date: _____

Description of Emergency Service	Amount
Emergency Call-Out Fee / Dispatch Fee	$
Initial Diagnostic & Containment	$
Required Pre-Work Deposit (Non-Refundable)	$

Subtotal: $_____

Tax: $_____

TOTAL DEPOSIT DUE: $_____

Notes / Scope of Work:

Terms: Deposit is required before emergency repairs commence. This deposit will be applied toward the final balance. Balance is due immediately upon completion of services.

Customer Signature: _____ Date: _____