PLUMBING DEPOSIT INVOICE

INVOICE # _____

DATE _____

PRIORITY: EMERGENCY MAINTENANCE REQUEST

SERVICE PROVIDER

_____

_____

Phone: _____

CLIENT / PROPERTY ADDRESS

_____

_____

Account #: _____

Description of Emergency Service	Estimated Total
_____	$ _____

Estimated Repair Total: $ _____

DEPOSIT DUE NOW (50%): $ _____
Balance Remaining: $ _____

PAYMENT INSTRUCTIONS

_____

AUTHORIZED SIGNATURE
CLIENT ACCEPTANCE

Deposits are non-refundable once emergency dispatch is confirmed. Remaining balance is due immediately upon completion of work.