PRIORITY SERVICE

PLUMBING DEPOSIT INVOICE

Company Name
Street Address
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____

Date: _____

Job Ref: _____

BILL TO:

_____
_____
_____

SERVICE LOCATION:

_____
_____
_____

Description of Service / Scheduled Work	Estimated Total
[Detailed description of priority plumbing repairs or installation]	$ _____

Estimated Project Total: $ _____

DEPOSIT DUE NOW: $ _____
Remaining Balance: $ _____

Terms: This deposit is required to secure priority scheduling and procurement of materials. The remaining balance is due upon completion of the service described above.

Authorization: By paying this deposit, the client authorizes the commencement of work as scheduled.