DEPOSIT INVOICE

Emergency Plumbing Services

Invoice #: _____
Date: _____

Service Provider:
Company Name: _____
License #: _____
Phone: _____
Email: _____

Customer / Property:
Name: _____
Address: _____
City/ZIP: _____
Phone: _____

Description of Emergency Service	Amount
Initial Emergency Dispatch & Diagnostic Fee	$ _____
Estimated Labor & Materials Deposit	$ _____
Emergency After-Hours Premium	$ _____

Total Estimate: $ _____

Deposit Due: $ _____

Terms & Acknowledgement:

This deposit is required to secure immediate emergency mobilization. The amount will be applied to the final invoice. Final billing will reflect actual hours worked and materials used. Cancellations after dispatch may result in forfeiture of the diagnostic fee.

Customer Signature

Date

Thank you for choosing our emergency services. Full payment of balance is due upon completion of work.