EMERGENCY DEPOSIT INVOICE

Specialized Plumbing Services
24/7 Rapid Response Division

Invoice #: _____
Date: _____
Arrival Time: _____

PRIORITY SERVICE: Immediate Dispatch Authorized Upon Deposit Receipt

CUSTOMER INFORMATION

Name: _____
Phone: _____
Address: _____

JOB SITE / EMERGENCY LOCATION

_____
_____
Access Instructions: _____

INITIAL ASSESSMENT & SCOPE OF EMERGENCY WORKS

Description of Service / Emergency Response	Amount
Emergency Call-Out Fee (After Hours/Immediate)	$
Initial Diagnostic & Site Containment	$
Estimated Parts/Labor (Provisional)	$

Description of Service / Emergency Response	Amount

Total Estimated Cost: $_____
REQUIRED DEPOSIT (50%): $_____
Remaining Balance: $_____

TERMS & CONDITIONS

Deposits are non-refundable once the technician has been dispatched. This deposit secures your place in the emergency queue. The remaining balance is due immediately upon completion of the temporary or permanent repair. All emergency works carry a standard 30-day labor warranty unless otherwise specified.

TECHNICIAN SIGNATURE

CUSTOMER AUTHORIZATION

Payment Methods Accepted: Credit/Debit Card, Electronic Transfer, Certified Check.