[STUDIO NAME]
[ADDRESS, CITY, STATE, ZIP]

DEPOSIT INVOICE

[Invoice-Number]
Date: [MM/DD/YYYY]

CLIENT

[Client Name / Company]
[Contact Name]
[Address, City, State, Zip]

PROJECT REFERENCE

Title: [Project Name]
PO #: [Number]
Due Date: [Deposit Due Date]

Description	Total Project Value	Deposit Amount (50%)
Commercial Motion Graphics Production Pre-production, storyboard design, and initial animation phase.	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Deposit Due: $0.00

PAYMENT INSTRUCTIONS

Wire Transfer / ACH: [Bank Name] | Account: [Number] | Routing: [Number]

** Note: Production will commence upon receipt of deposit. This deposit is non-refundable.*