

DEPOSIT INVOICE

[Manufacturing Co. Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Production Cycle: _____

CLIENT / BILL TO:

[Client Name / Brand]
[Contact Person]
[Address]
[Tax ID/VAT]

PROJECT REFERENCE:

PO #: _____
Collection: _____
Est. Delivery: _____

Style ID / Description	Quantity	Unit Price (CMT/FOB)	Total Line Cost
[Style Name/SKU - Fabric/Color]	0,000	\$0.00	\$0.00
[Style Name/SKU - Fabric/Color]	0,000	\$0.00	\$0.00

Style ID / Description	Quantity	Unit Price (CMT/FOB)	Total Line Cost
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[Style Name/SKU - Fabric/Color]	0,000	\$0.00	\$0.00
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Total Production Value: \$0.00
 Fabric/Trim Sourcing Fee: \$0.00
 DEPOSIT REQUIRED ([50] %): \$0.00

Payment Terms & Instructions

Bank: [Bank Name]
SWIFT/BIC: [Code]
Account Name: [Name]
Account Number: [Number]

- Production commencement is subject to receipt of the deposit funds.
- Fabric procurement will begin only after payment clearance.
- Balance of 100% is due prior to shipment/release of goods.

Authorized Signature: _____ Date: _____