COMMERCIAL HARDWOOD FLOORING

[Business Address Lane 1]
[City, State, Zip]
[Phone Number] | [Email/Website]

DEPOSIT INVOICE

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / BILLING

[Client Name]
[Company Name]
[Billing Address]
[Phone/Email]

PROJECT SITE

[Facility Name]
[Site Address]
[On-site Contact Name]

Description of Material & Services	Sq. Footage	Rate/SF	Total Price
[Species/Grade/Finish Hardwood Material]			$
Installation, Sanding, & Finishing Labor			$
Subfloor Prep / Moisture Barrier			$

Project Total: $ _____
Deposit Percentage: _____ %
DEPOSIT AMOUNT DUE: $ _____

PAYMENT TERMS & SCHEDULE

1. Deposit is required to secure material procurement and scheduling.
2. Remaining balance due upon project completion or per progress billing agreement.
3. Please make checks payable to: **[Company Name]**

Thank you for your business. Please contact us with any questions regarding this deposit invoice or the installation timeline.