DEPOSIT INVOICE

[Contractor Business Name]
[Address Line 1]
[Phone Number]
[Email/License Number]

Invoice #: ___________
Date: ___________
Due Date: ___________

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone]

PROJECT SCOPE:

[e.g., Installation/Refinishing]
[Wood Species/Product]
[Estimated Total Sq. Ft.]

Description	Estimated Total	Deposit (%)	Amount Due
Hardwood Flooring Materials (Advance Purchase)	$	%	$
Labor & Mobilization Deposit	$	%	$

Projected Total: $__________
DEPOSIT TOTAL: $__________

Remaining Balance: $__________

Notes & Terms:
1. Materials will be ordered/delivered upon receipt of deposit.
2. Deposit is non-refundable once materials are cut or acclimation begins.
3. Final payment is due immediately upon project completion.

Customer Signature