DEPOSIT INVOICE

Hardwood Refinishing Services

Invoice #: _____
Date: _____

Service Provider:
Company Name:

Phone:

License #:

Bill To:
Customer Name:

Property Address:

City/State/Zip:

Service Description (Species, Finish Type, Sq Ft)	Amount
Project Estimate Detail:	
Total Project Estimate:	$
Required Deposit (___%):	$

TOTAL DUE: $

Terms & Conditions:

Deposit is required to secure project dates and purchase materials (stain, poly, abrasives). Remaining balance is due immediately upon completion of the final coat. All furniture must be removed from work areas prior to arrival unless otherwise specified.

Customer Signature
Contractor Signature