DEPOSIT INVOICE
Hardwood Flooring Services

Invoice #: _____
Date: _____

CONTRACTOR / BUSINESS

Name: _____
Address: _____
Phone: _____
License #: _____

CLIENT / BILLING

Name: _____
Address: _____
Site Address: _____
Phone: _____

Description of Hardwood Services / Materials	Estimated Total
Project Scope: _____ Wood Species/Finish: _____	$

Project Estimate Total: $ _____
Deposit Percentage: _____ %

DEPOSIT AMOUNT DUE: $ _____

TERMS & CONDITIONS

This deposit is required to secure the project start date and procure necessary materials. Remaining balance is due upon completion of the installation/refinishing unless otherwise specified in the primary contract.

Contractor Signature
Client Signature