DEPOSIT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

PROJECT SITE:

[Installation Address]
[Expected Start Date]

Material Description (Wood Species, Grade, Width)	Qty (Sq. Ft)	Unit Price	Total
[Floor Material Name/SKU]	[0.00]	$[0.00]	$[0.00]
Underlayment / Adhesive / Thresholds	-	-	$[0.00]
Delivery Fee	-	-	$[0.00]

Total Material Cost: $_____
Sales Tax: $_____

Deposit Due (50%): $_____

Terms & Conditions:

1. Deposit is required to secure material pricing and delivery dates.
2. Special order materials are non-refundable once ordered.
3. Acclimation of wood (typically 48-72 hours) is required prior to installation.

Client Signature: _____ Date: _____