[BUSINESS NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

RETAINER INVOICE

Invoice #: [000]
Date: [Date]

CLIENT

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

PROJECT

[Project Name/ID]
[Project Location / Brief Description]

Description	Amount
Interior Design Professional Retainer Fee Initial deposit to secure consultancy services and commence conceptual design phase.	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
TOTAL DUE: $[0.00]

NOTES & TERMS

This retainer is non-refundable and will be applied toward the final invoice or held as a credit against hourly consulting fees as per the signed Interior Design Agreement. Please make checks payable to **[Business Name]** or pay via [Payment Method].