DEPOSIT INVOICE

FROM

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

BILL TO

Client name _____ Email _____

Address _____

PROJECT

Project _____

Agreed total _____ Agreement _____

Planned start date _____

DEPOSIT REQUESTED

Description	Agreed price	Deposit %	Amount

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Sales tax, if applicable (_____%)	
Amount due	

PAYMENT SCHEDULE

_____

_____

Refund and cancellation terms for this deposit are those in the signed agreement.