RETAINER FEE
DEPOSIT RECEIPT

Receipt No: _____

Date: _____

RECEIVED FROM (CLIENT)

Name:

Company:

Address:

Phone/Email:

RECEIVED BY (SERVICE PROVIDER)

Name/Company:

Representative:

Address:

Phone/Email:

DESCRIPTION OF SERVICES / PURPOSE OF RETAINER	DEPOSIT AMOUNT

METHOD OF PAYMENT

☐ Cash
☐ Check (No. _____)
☐ Credit / Debit Card
☐ Bank Transfer / Wire

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE