

# PAYMENT RECORD

Record No:

Date:

Account No:

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## CUSTOMER / PROPERTY INFORMATION

Name:

Address:

City/State/Zip:

Phone:

## SERVICE PROVIDER DETAILS

Technician:

License No:

Schedule Interval:

Next Service Date:

DESCRIPTION OF MAINTENANCE SERVICE	QTY	UNIT PRICE	AMOUNT

## METHOD OF PAYMENT

Cash

Check

Credit Card

Bank Transfer

Ref/Check No:

Subtotal

Tax Rate / Tax

Other/Fees

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**Total Paid**

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RECEIVED BY (SIGNATURE)

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AUTHORIZED REPRESENTATIVE