RECEIPT FOR NON-REFUNDABLE DEPOSIT

Deposit Receipt

Receipt No:

Date:

RECEIVED FROM (PAYOR):

Name:

Address:

Phone:

RECEIVED BY (PAYEE):

Company/Name:

Address:

Phone:

Deposit Amount:	$
Payment Method:	
For (Description):	
Total Purchase Price:	$
Remaining Balance:	$
Balance Due Date:	

ACKNOWLEDGEMENT OF NON-REFUNDABLE TERMS

By signing below, the Payor acknowledges and agrees that the deposit amount listed above is completely non-refundable. If the Payor fails to complete the transaction, pay the remaining balance, or fulfill the agreed-upon obligations by the specified due date, this deposit shall be forfeited to the Payee in its entirety, and the Payee shall have no further obligations to the Payor.

Authorized Payee Representative Signature

Date:

Payor Signature

Date: