LAYAWAY RECEIPT & AGREEMENT

Receipt No:

Date:

Layaway ID:

Customer Name:

Phone:

Email:

ITEMIZED DESCRIPTION

ITEM ID	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE

PAYMENT SCHEDULE & HISTORY

NO.	DUE DATE	AMOUNT DUE	AMOUNT PAID	DATE PAID
Deposit				
1				
2				
3				
4				

Subtotal:

Tax:

Total Amount:

Deposit Received:

Balance Due:

TERMS & CONDITIONS

1. All layaway purchases require a minimum deposit of _____%.
2. Payments must be made according to the payment schedule above. Final payment is due on or before _____.
3. If no payment is made for _____ consecutive days, this agreement will be canceled.
4. In the event of cancellation, a restocking fee of _____ will be deducted from the payments made. The remaining balance will be issued as store credit / refund.
5. Merchandise will not be released until the total balance is paid in full.

_____

Customer Signature

_____

Authorized Representative