RETAINER & NON-REFUNDABLE DEPOSIT RECEIPT

Official Document

Receipt No:

Date:

Amount Paid:

Currency:

RECEIVED FROM (CLIENT)

Name:

Company:

Address:

Phone/Email:

RECEIVED BY (SERVICE PROVIDER)

Name:

Company:

Address:

Phone/Email:

Description of Services / Purpose of Retainer	Total Project Value (If applicable)

PAYMENT METHOD

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

TERMS AND CONDITIONS:

The Client agrees that the deposit amount listed above is paid as a retainer to secure services, scheduling, and/or resources. This payment is **strictly non-refundable**. In the event of cancellation, postponement, or termination of the agreement by the Client for any reason, the Service Provider shall retain this deposit in full to compensate for lost opportunities, preparatory work, and administrative commitments. This deposit will be applied towards the final total balance due for the services rendered.

Authorized Representative Signature

Date: _____

Client Signature

Date: _____