RECEIPT OF NON-REFUNDABLE DEPOSIT

Receipt No: _____

Date: _____

Received From (Payer)

Name:

Address:

Phone:

Email:

Received By (Payee)

Company/Name:

Address:

Phone:

Email:

Description of Item / Service Secured:

Payment Details	**Amount**
Total Purchase Price / Value of Transaction	_____
Non-Refundable Deposit Amount Paid	_____
Remaining Balance Due	_____
Payment Method (e.g., Cash, Card, Check, Bank Transfer)	_____

NON-REFUNDABLE ACKNOWLEDGMENT

By signing below, the Payer acknowledges and agrees that the deposit amount specified above is strictly **non-refundable**. This payment is made to secure the item or services described herein, and the Payee will reserve the specified items or services and/or cease marketing them to other parties in reliance on this payment. If the Payer fails to pay the remaining balance, defaults on any agreed terms, or decides to cancel the transaction for any reason, the entire deposit amount shall be forfeited to the Payee as liquidated damages, and not as a penalty, without any further obligation or recourse.

Payer Signature

Date: _____

Authorized Representative / Payee Signature

Date: _____