

ADVANCE PAYMENT RECEIPT

Receipt No.	
Date	

Customer Information

Name _____

Address _____

Phone _____

Email _____

Payment Details

Method _____

Ref. No. _____

Order Ref. _____

Received By _____

DESCRIPTION OF GOODS / SERVICES (PENDING DELIVERY)	EST. QTY	UNIT PRICE	TOTAL EST. AMOUNT
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Total Estimated Order Value

Advance Payment Received

Remaining Balance Due

Terms & Conditions of Advance Payment:

Customer Signature

Authorized Signature