DEFERRED PAYMENT CONFIRMATION

Receipt No:

Date:

Original Invoice No:

Original Invoice Date:

CUSTOMER DETAILS

Name:

Account No:

Address:

Contact:

DEFERRAL AGREEMENT TERMS

Agreement ID:

Interest Rate:

Deferral Start Date:

Maturity Date:

Deferred Payment Schedule

Total Original Amount:

Initial Downpayment Paid:

Total Deferred Balance:

Total Due on Maturity:

AUTHORIZED REPRESENTATIVE SIGNATURE

PRINTED NAME / DATE

CUSTOMER ACKNOWLEDGMENT SIGNATURE

PRINTED NAME / DATE

By signing above, the parties acknowledge and agree to the deferred billing terms outlined in this receipt. Late payments may be subject to additional administrative fees or interest as specified in the master agreement.