DEPOSIT RECEIPT

Receipt No: _____

Date: _____

RECEIVED FROM

Name / Company:

Address:

Phone:

Email:

PAYMENT INFORMATION

DESCRIPTION OF GOODS / SERVICES	AMOUNT
Total Purchase Price:	
Deposit / Partial Payment Received:	
Remaining Balance Due:	

METHOD OF PAYMENT

☐ Cash
☐ Check
☐ Credit Card
☐ Bank Transfer
☐ Other

Ref / Trans No:

_____

RECEIVED BY (AUTHORIZED SIGNATURE)

PAID BY (CUSTOMER SIGNATURE)

Terms & Conditions: