NON-REFUNDABLE DEPOSIT RECEIPT

Down Payment Receipt Form

Receipt No:

Date:

RECEIVED FROM (PAYER)

Name:

Address:

Phone:

Email:

RECEIVED BY (PAYEE)

Name/Company:

Address:

Phone:

Email:

DEPOSIT DETAILS & DESCRIPTION

For the purchase/lease of:

TOTAL PURCHASE PRICE	DEPOSIT AMOUNT PAID	REMAINING BALANCE DUE

Balance Due Date:

METHOD OF PAYMENT

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

ACKNOWLEDGMENT OF NON-REFUNDABLE DEPOSIT

The Payer acknowledges and agrees that the deposit amount stated above is strictly non-refundable. In the event that the Payer fails to complete the transaction or pay the remaining balance by the designated due date, the Deposit Amount shall be forfeited to the Payee in its entirety, and the Payee shall have no further obligations to the Payer regarding the specified goods, services, or property.

_____

Payer / Buyer Signature

Date:

_____

Payee / Seller Signature

Date: