Layaway Deposit & Payment Receipt

CUSTOMER INFORMATION

Customer Name:

Address:

Phone Number:

Email Address:

LAYAWAY DETAILS

Layaway No:

Start Date:

Expiry Date:

Associate:

Itemized Merchandise

ITEM / SKU	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE

Payment Ledger

DATE	TRANSACTION NO.	PAYMENT METHOD	AMOUNT PAID	BALANCE

Subtotal	
Sales Tax	
Total Purchase Amount	

Total Paid to Date	
Remaining Balance Due	

LAYAWAY AGREEMENT & TERMS

1. All layaway purchases require a minimum down payment of _____% or $_____.
2. Payments must be made at least once every _____ days.
3. The final payment must be received on or before _____.
4. Merchandise not paid for in full by the expiration date will be returned to stock.
5. In the event of cancellation, a service/restocking fee of $_____ will be deducted from the refunded payments.
6. No merchandise can be released, partially or fully, until the total layaway balance is paid in full.

CUSTOMER SIGNATURE

Date: _____

AUTHORIZED REPRESENTATIVE

Date: _____