

INSTALLMENT RECEIPT

Receipt No: _____

Date: _____

CUSTOMER INFORMATION

Account No:

Name:

Address:

Phone:

ORIGINAL SALE DETAILS

Invoice No:

Item Sold:

Sale Date:

Total Contract:

PAYMENT DETAILS

INSTALLMENT NO.	PAYMENT METHOD	REFERENCE / CHECK NO.

Previous Balance:

Amount Paid:

Remaining Balance:

Received By (Authorized Signature)

Customer Signature

