LAYAWAY PAYMENT RECEIPT

Receipt No.	
Date	
Layaway Account No.	

CUSTOMER INFORMATION

Customer Name:

Phone Number:

Email Address:

Address:

LAYAWAY ITEMS DETAILS

ITEM ID	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE

PAYMENT METHOD

☐ Cash
☐ Credit / Debit Card
☐ Check (No. _____)
☐ Other

Total Layaway Amount	
Previous Balance Due	
Current Payment Amount	
Remaining Balance Due	
Next Payment Due Date	

Layaway Policy Terms & Conditions:

1. All layaway accounts require a minimum deposit of _____% of the total purchase price.
2. Payments must be made regularly as agreed. Final payment is due on or before _____.
3. Cancellations will incur a restocking/service fee of _____. Remaining balances will be issued as store credit only.
4. Items not fully paid by the final due date will be returned to stock, and previous payments will be subject to the cancellation policy.

_____

CUSTOMER SIGNATURE

_____

AUTHORIZED REPRESENTATIVE