RECEIPT

INSTALLMENT PAYMENT

Receipt No: _____

Date: _____

RECEIVED FROM

Name:

Address:

Phone:

RECEIVED BY

Company:

Representative:

Account No:

DESCRIPTION / PURPOSE	AMOUNT PAID

INSTALLMENT BREAKDOWN

INSTALLMENT NO.	DUE DATE	AMOUNT DUE	AMOUNT PAID	STATUS

Total Contract Amount: _____

Total Paid to Date: _____

Remaining Balance: _____

Customer Signature

Authorized Signature