
RETAINER RECEIPT

Receipt No: _____

Date: _____

CLIENT INFORMATION

Client Name: _____

Company: _____

Phone: _____

Email: _____

Address: _____

PAYMENT & RETAINER DETAILS

Description of Services / Matter: _____

Payment Method:

- Cash
- Check
- Card
- Wire

Check / Ref No: _____

Total Retainer Received:

TRUST ACCOUNT INFORMATION (IF APPLICABLE)

Depository Bank: _____

Account Number: _____

The retainer deposit received shall be held in trust in accordance with applicable rules and regulations. These funds will be applied toward future fees and/or expenses incurred in connection with the designated representation or services. This receipt does not constitute an agreement to perform services beyond the terms of the formal retainer agreement.

Authorized Representative Signature

Date:

Client Signature (Acknowledgment)

Date:
