

# INSTALLMENT AGREEMENT PAYMENT RECEIPT

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Receipt No:

Date:

Agreement No:

Received From (Customer):

Address:

Phone:

INSTALLMENT NO.	DESCRIPTION / ITEM SOLD	AMOUNT PAID

Payment Method:

Cash

Check (No. \_\_\_\_\_)

Credit / Debit Card

Bank Transfer

<b>Total Sale Amount</b>	
<b>Prior Balance Due</b>	
<b>Amount Received</b>	
<b>Remaining Balance</b>	

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Authorized Representative Signature

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Customer Signature