LAYAWAY SALE RECEIPT

Layaway No:

Date:

Associate:

Customer Name:

Phone:

Email:

Item ID	Description	Qty	Unit Price	Total Price

LAYAWAY TERMS & CONDITIONS

1. A minimum deposit of _____% is required to initiate layaway.
2. Payments must be made every _____ days.
3. Final payment and pickup must be completed on or before: _____
4. Cancelled layaways are subject to a cancellation fee of _____
5. No items can be released until the total balance is paid in full.

Subtotal:

Tax:

Total Amount:

Deposit Paid:

Balance Due:

_____

Customer Signature

_____

Authorized Representative