Lay-by Statement

Name:……

Home Phone:……

Mobile Phone:……..

Email:……

Address:……

……...

Item Description: ……..

……...

……...

Invoice Number: ……

Total Purchase Price:……..

Method of Payment:……

Duration: 12 weeks or less

Date	Payment amount	Total amount paid	Balance outstanding	Signed/ receipt number

……..

Signed Printed Date