

BUSINESS RECEIPT

Company Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Date: _____

Receipt #: _____

QTY	Description	Unit Price	Total

Subtotal: _____

Tax Rate: _____

Tax: _____

Total Amount Due: _____

Amount Paid: _____

Customer/Client Information

Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Payment Method:
☐ Credit Card (No. _____)
☐ Cash
☐ Check (No. _____)
☐ Other: _____

Authorized Signature _____

Title: _____



CAR (VEHICLE) RECEIPT

Company/Individual Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Website: _____

Date: _____

Receipt #: _____

Vehicle Description

Year: _____ Make: _____ Model: _____

License #: _____ VIN: _____ Odometer Reading: _____ Color: _____

Condition: _____

Comments: _____

Transaction Details

This receipt acknowledges the payment made by _____, the Customer,
for the (check one) ☐ Purchase ☐ Rental ☐ Service/Repair of the vehicle described above.

Description of Service/Repair (if applicable): _____

Customer Name: _____ Phone: _____

City, State, Zip: _____ Street Address: _____

Summary of Charge

Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Other: _____ Check/Credit No. _____	Subtotal	
	Tax Rate	
	Total Tax	
	Total Amount Due	
	Amount Paid	

Authorized Signature _____

Title _____



CREDIT CARD / ACH PAYMENT AUTHORIZATION

Check One (1) and Enter Your Details

☐ - **Recurring Charge** - You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize _____ to charge my
(Full Name) (Merchant's Name)

Credit Card or Bank Account below for \$ _____ on the _____
(Amount \$) (day)
of each _____.
(week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

☐ - **One (1) Time Charge** – Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, authorize _____ to charge my
(Full Name) (Merchant's Name)

credit card or bank account indicated below for \$ _____ on _____.
(Amount \$) (Date)

This payment is for _____.
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank (ACH)

☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Routing Number _____



Credit Card

☐ Visa ☐ MasterCard

☐ Amex ☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ / _____

CVV _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$_____ charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____ **DATE** _____

PRINT NAME _____

EVENT PAYMENT RECEIPT

Date: _____

Transaction/Receipt #: _____

Guest(s)/Attendee(s) Information

Guest/Attendee 1 Name: _____

Street Address: _____

City, State, Zip: _____

Guest/Attendee 2 Name: _____

Street Address: _____

City, State, Zip: _____

Event Information

Event Date: _____

Event Name: _____

Event Location: _____

Payment Information

QTY	Event Fee/Description	Unit Price	Total
Notes:		Subtotal	
		Tax Rate	
		Total Tax	
		Total	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Credit (No. _____) <input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Other:			



Authorized Signature _____

Representative's Name _____

Title: _____

RECEIPT

Date: _____, 20____

Receipt Number: _____

Amount Received: \$ _____

For the Payment of: _____

Paid by: _____

Received by: _____

Payment Method: ☐ Cash ☐ Check ☐ Credit Card ☐ Other: _____

Check Number: _____

Credit Card Number: ____ - ____ - ____ - ____ Exp. ____ / ____ Sec. Code: ____

RECEIPT

Date: _____, 20____

Receipt Number: _____

Amount Received: \$ _____

For the Payment of: _____

Paid by: _____

Received by: _____

Payment Method: ☐ Cash ☐ Check ☐ Credit Card ☐ Other: _____

Check Number: _____

Credit Card Number: ____ - ____ - ____ - ____ Exp. ____ / ____ Sec. Code: ____

RECEIPT

Date: _____, 20____

Receipt Number: _____

Amount Received: \$ _____

For the Payment of: _____

Paid by: _____

Received by: _____

Payment Method: ☐ Cash ☐ Check ☐ Credit Card ☐ Other: _____

Check Number: _____

Credit Card Number: ____ - ____ - ____ - ____ Exp. ____ / ____ Sec. Code: ____

RECEIPT

Date: _____, 20____

Receipt Number: _____

Amount Received: \$ _____

For the Payment of: _____

Paid by: _____

Received by: _____

Payment Method: ☐ Cash ☐ Check ☐ Credit Card ☐ Other: _____

Check Number: _____

Credit Card Number: ____ - ____ - ____ - ____ Exp. ____ / ____ Sec. Code: ____

SALES RECEIPT

Receipt Number: _____

Date: _____

Merchant Name: _____

Merchant Phone Number: _____

Merchant Street Address: _____

City/State/ZIP: _____

Sold to:

Name: _____

Company Name: _____

Street Address: _____

City/State/ZIP: _____

Phone Number: _____

Description	Quantity	Price/Unit	Line Total

Subtotal: \$ _____

Discount: \$ _____

Sales Tax: \$ _____

Total: \$ _____

Payment Method: _____

Amount Paid: \$ _____

Card/Check Number _____

