

Consent Form

I/We understand that legal action may be pursued to settle any outstanding balances or pending payments related to the project, materials, software, etc.,

Invoice No. _____ . Balance _____.

Product Name :- _____.

Expected Date to Pay Balance Rs. _____.

Name :-

Aadhar No.

Phone No.

Referred By :-

Additional Consent. ,

I Know he/she not pay means I taken responsibly.,

1.

2.

Signature of the Consent Person

Note :-

1. Failure to make payment will result in legal action.
2. We are not responsible for any resulting actions.