

**Collington** Ph. 301-925-7706 Fax: 301-925-7722  
10450 Lottsford Road, Mitchellville, MD 20721

**Receipt No.**

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E Mail: \_\_\_\_\_

Unit #: \_\_\_\_\_ Unit Style: \_\_\_\_\_ Entr. Fee: \$ \_\_\_\_\_ Mo. Fee: \$ \_\_\_\_\_

☐ *Processing Fee:* \$ \_\_\_\_\_

☐ *Priority List:* \$ \_\_\_\_\_

☐ *Entrance Fees:*

☐ *10% Entrance Fee Deposit:* \$ \_\_\_\_\_

☐ *90% Entrance Fee Balance:* \$ \_\_\_\_\_

☐ *Pro-Rated Monthly Fee:* \$ \_\_\_\_\_

☐ *Other Fees:* \$ \_\_\_\_\_

**TOTAL AMOUNT RECEIVED \$** \_\_\_\_\_

*Single Occ:* \$ \_\_\_\_\_ (Entr.) \_\_\_\_\_ (Mo.)

*2nd Person:* \$ \_\_\_\_\_ (Entr.) \_\_\_\_\_ (Mo.)

*Double Occ:* \$ \_\_\_\_\_ (Entr.) \_\_\_\_\_ (Mo.)

*Occupancy:* ☐ *Single* ☐ *Double*

*Refund:* ☐ *100%* ☐ *50%* ☐ *0% after 50 mo.*

(Mo. Fee X 12 divided by 365 X \_\_\_\_\_ Days)

(Item: \_\_\_\_\_)

(Check # \_\_\_\_\_) **THANK YOU!**

**Received By:** \_\_\_\_\_

White - Client Copy

Canary - Accounting Copy

Pink - Welcome Center Copy

Gold - Book Receipt