Service Payment Contract Form

PARTIES

This Service Payment Contract Form ("Agreement") is entered into on Date: , by and between:	
Service Provider:	
 Name: Business Name (if applicable): 	
• Address:	
Contact Number:	
• Email:	
Client:	
• Name:	
Address:	
Contact Number:	
Email:	
SCOPE OF SERVICES	
The Service Provider agrees to provide the following services:	
1	
2	
3	
PAYMENT TERMS	

Total Service Cost:

- Payment Due Date: ______
- Payment Method:
 Cash
 Check
 Credit Card
 Other: _____

□ The Client agrees to pay a non-refundable deposit of \$_____ to secure the service.

SIGNATURES

Service Provider Signature: _	Date:
Client Signature:	Date: