

Service Payment Agreement Form

This Service Payment Agreement is made on this ____ day of _____, 20, between:

- **Service Provider:** _____
Address: _____
Phone: _____
- **Client:** _____
Address: _____
Phone: _____

Service Details

The Service Provider agrees to perform the following services for the Client:

The service will commence on _____ and is expected to be completed by _____.

Payment Terms

Description of Service	Payment Amount (\$)	Payment Due Date	Payment Method

Payment Method

- Cash
- Check
- Credit/Debit Card
- Bank Transfer

Late payments beyond __ days will incur a penalty of \$ _____ per day.

Termination Clause

Either party may terminate this agreement by providing a __-day written notice. In such cases, all pending payments must be settled within __ days.

Acknowledgment

By signing below, both parties agree to the terms and conditions of this Service Payment Agreement.

- Service Provider Signature: _____ Date: _____
- Client Signature: _____ Date: _____