

LAYAWAY FORM

Name			
Address			
City		State	ZIP
Email		Phone	
Date of Layaway		Pick-Up Date	
Qty.	Item Description	Price/Unit	Total
Shipping Charges:		\$	
Sales Tax:		\$	
G.S.T.:		\$	\$
		Total Due	
		Less Deposit	
		Balance	

See reverse side of form for terms and conditions.