## **Specialty Footwear Retail Layaway Form**

Customer Na	ame											
Phone												
Email												
Address												
Date												
Layaway Item(s)												
Item#	Brand	Style	Size	Color	Price	Quantity	Total					
Subtotal							<u> </u>					
Tax												
Total Amoun	t											
Deposit Amount												
Balance Due												
Layaway Exp	piration											
Payment Sch				A		12421						
Payment Date				Amount		Initials	initiais					
Staff Notes												
Customer Si	gnature											
Date												
Staff Signatu	re											
Date												