



Sugar Mountain
 42 Court St
 Binghamton NY 13901
 607-723-2420

Layaway Contract

Full Name:

DL#:

Telephone Number:

Email Address:

Total Purchase Price + Tax: _____ Sale Date: _____ Initial Payment: _____

Payments:

Minimum \$100 priced item.
 Initial payment must be 20% minimum of purchase price.
 Payments must be minimum of \$20 /week or \$80 / month.
 Receipts will be given for each payment and logged.
 Entire purchase plus 8% sales tax must be paid off within 6 month time period.
 If it is not, \$ is forfeited.

Customer Signature _____

Manager Signature _____

- Photocopy of DL attached
- Picture of product with price tag attached