



The Volleyball Factory
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On-Site Payment Form

Date:	
Payee Name:	
Address:	
City, Zip:	
Phone:	
Athlete Name:	

Item Description (include sizes if applicable)	Qty	Rate/Price	Sub-Total
Form of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> PayPal <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Other			Total Paid: Balance: (if applicable)

PAYMENT RECEIPT

Date	Amount Received	Form of Payment	<input type="checkbox"/> Check	<input type="checkbox"/> Cash
			<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Other
Received From:		_____		

Signature