

PAYMENT FORM

Payer's Full Name: _____

Payer's Address: _____

Payer's Phone / Email: _____

Payment Details:

Payment Amount: _____ USD

Payment Method: _____

Payment Reference Number: _____

Billing Information:

Billing Address: _____

Billing Contact: _____

Terms and Conditions:

1. The Payer agrees to remit the full payment amount as specified above in United States Dollars (USD). 2. Payment shall be made via the selected Payment Method and must be received in full before any goods or services are provided. 3. The Payer warrants that all information provided herein is truthful, accurate, and complete to the best of their knowledge. 4. Any disputes regarding payments must be submitted in writing within fifteen (15) business days of payment receipt; failure to do so constitutes acceptance. 5. Late payments may incur interest charges at the maximum rate permitted by applicable United States law. 6. This Payment Form and the accompanying payment shall be governed by and construed in accordance with the laws of the United States of America without regard to its conflict-of-law principles. 7. In the event of any legal action arising from this Payment Form, the exclusive jurisdiction shall be the federal or state courts located within the payer's state of residence. 8. The payer hereby waives any right to a jury trial in disputes arising from or related to this Payment Form to the maximum extent permitted by law. 9. The Payer acknowledges that this Payment Form constitutes a binding, enforceable agreement and agrees to be bound by its terms.

Acknowledgment and Signature:

I hereby certify that I am authorized to make this payment and that I have read, understand, and agree to the terms and conditions above.

PAYER'S SIGNATURE

DATE

Signature: _____

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