



## **HIRE PURCHASE AGREEMENT FORM**

Date	Contract NO
CUSTOMER INFORMATION	
Client's Name:	
Address:	
Phone No(s):	
Email Address:	
Place of Work:	
Type of ID & ID No:	
Product (s) Requested for:	
Quantity	
Signature of Client	
EMPLOYER'S INFORMATION	
Name of Company:	
Name of Employer/Position (CEO, MD,FD or Accountant)	
Signature of Employer	
FOR OFFICIAL USE	
Product (s) Cost	
Deposit Payed (if applicable)	
Outstanding Balance Payable by client	
Name and Signature of Officer	
Consecutive monthly installments of:	ECTRONICS
For the next months	Date: