



**Payment Track Record (Suppliers)**

Services Provided: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contract/Order date: \_\_\_\_\_

Subtotal Amount: \_\_\_\_\_

P.S.T: \_\_\_\_\_

G.S.T: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Balance Amount: \_\_\_\_\_

Balance Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_