



Installment Payment Agreement Form

1. Customer Information

Full Name: _____
Phone: _____ Email: _____
ID/Reference No.: _____

2. Purchase Details

Instrument/Item: _____
Total Price (TZS): _____
Initial Payment (Min. 40%): _____
Balance: _____

3. Installment Schedule (Max. 4 Months)

Installment	Amount (TZS)	Payment Date	Status	Rep. Signature
Initial (40%)				
2				
3				
4				

4. Terms & Conditions

- 1 The Customer agrees to complete payment within **4 months**.
- 2 A **5% monthly fee** will apply on any overdue balance.
- 3 If full payment is not completed 2 months overdue:
 - a. Customer will receive an **alternative instrument/accessory** equal to payments made.
 - b. **No cash refunds**.
- 4 Ordered goods remain property of Doctor Music until fully paid.
- 5 Good customer care is guaranteed. Customers are encouraged to **communicate early** if facing challenges.

5. Agreement

I, the undersigned Customer, agree to the above terms and conditions.

Customer

- Name: _____
- Signature: _____
- Date: _____

Doctor Music Representative

- Name: _____
- Signature: _____
- Date: _____