

GRAVES PAYMENT AGREEMENT

P. O. Box 1012
Carthage, Texas 75633
PHONE 903-754-2774

DATE: _____

(Full Name of Borrower)

(Full Name of Lender)

(Address-Including Apt or Lot #)

(Address)

(City, St. Zip)

(City, St. Zip)

(Phone #'s)

(Phone #'s)

PAYMENT AGREEMENT

TOTAL SCHEDULED PAYMENT: _____

PAYMENT DUE: _____ WEEKLY _____ BI-WEEKLY _____ MONTHLY

FIRST PAYMENT DUE ON: _____, 20____

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT THE AMOUNT CHARGED IS DUE AND PAYABLE TO LEO GRAVES.

(BORROWER)

(DATE)

(LENDER)

(DATE)