


YOUR COMPANY NAME CITY, STATE, ZIP CODE

001001

OUR REF. NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
						



YOUR COMPANY NAME

STREET ADDRESS
CITY, STATE ZIP CODE
PHONE NUMBER

BANK NAME
CITY, STATE ZIP CODE

ABA
FRACTION

CHECK

001001

PAY AMOUNT
TO THE
ORDER OF:

DATE

CONTROL NO.

AMOUNT

YOUR COMPANY NAME

SAMPLE
Please Note: This image is not to scale. It has been reduced to fit this sheet.