STATEMENT

LOGO

COMPANY NAME
STREET ADDRESS
CITY, STATE ZIP CODE
PHONE NUMBER

REMITTANCE NAME
STREET ADDRESS
CITY, STATE ZIP CODE

STATEMENT DATE	ACCOUNT NO.

STATEMENT DATE	ACCOUNT NO.

PLEASE DETACH AND RETURN
THIS PORTION WITH YOUR PAYMENT

DATE PAID _____ CHECK NO. _____ AMOUNT _____ AMOUNT ENCLOSED $ _____

TRANSACTION DATE	INVOICE NO.	DESCRIPTION	AMOUNT	BALANCE	INVOICE NO.	AMOUNT DUE	✓
				TOTAL	CHECK IN THE "✓" COLUMN THOSE ITEMS BEING PAID	TOTAL AMOUNT DUE	

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

FORM #9218