

COMPANY NAME CITY, STATE, ZIP

000001

DATE	INVOICE NO.	COMMENT	AMOUNT	DISCOUNT	NET AMOUNT
				<b>TOTAL</b>	

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.



COMPANY NAME

STREET ADDRESS  
CITY, STATE, ZIP  
PHONE NUMBER

BANK NAME  
CITY, STATE ZIP

ABA  
FRACTION

000001

PAY

DATE

CHECK AMOUNT

TO THE  
ORDER  
OF

AUTHORIZED SIGNATURE

MP



⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

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				<b>TOTAL</b>	