

COMPANY NAME CITY, STATE, ZIP CODE

000001

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

BANK NAME
CITY, STATE, ZIP CODE

000001

DATE

ABA
FRACTION

AMOUNT

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PAY
TO THE
ORDER
OF:

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

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