VENDOR:

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

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

Your Custom Logo Here

BANK NAME
CITY, STATE, ZIP CODE

ABA
FRACTION

000001

CHECK NO.   CHECK DATE   VENDOR NO.

CHECK AMOUNT

COMPANY NAME

PAY
TO THE
ORDER OF

⑈000001⑈ ⑆123456789⑆ 876543210⑈

Form# 216