

COMPANY NAME CITY, STATE, ZIP CODE

CHECK NO. 000001

VENDOR:

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

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 CODE

ABA
FRACTION

000001

CHECK NO. CHECK DATE VENDOR NO.

CHECK AMOUNT

PAY
TO THE
ORDER OF

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

000001