STATEMENT

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

STATEMENT DATE	CUSTOMER NO.	ATTENTION TO/CONTACT #

DATE PAID ______________ CHECK NO. ______________ AMOUNT ______________

INVOICE NO.	INVOICE DATE	DUE DATE	AMOUNT	FINANCE CHARGE	BALANCE
					TOTAL

REMITTANCE NAME
STREET ADDRESS
CITY, STATE, ZIP

PLEASE DETACH AND RETURN
THIS PORTION WITH YOUR PAYMENT

STATEMENT DATE	CUSTOMER NO.

AMOUNT REMITTED ______________

IF PAYING BY INVOICE - CIRCLE
INDIVIDUAL INVOICES PAID

INVOICE NO.	AMOUNT DUE
BALANCE DUE	TOTAL

Form # 513