

STATEMENT

ACCOUNT NO.

DATE

\$ _____ AMOUNT ENCLOSED

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

DATE	INVOICE NO.	DESCRIPTION	CHARGE	S PAYMENTS	BALANCE
C	JRRENT	30 DAYS	60 DAYS	90 DAYS	AMOUNT DUE
COMMENT		JODAIS	00 DATS	70 DATS	AMOONT DOE

REMITTANCE NAME STREET ADDRESS, CITY, STATE, ZIP