COMPANY NAME STREET ADDRESS CITY, STATE, ZIP PHONE NUMBER

STATEMENT

PAGE NO.

CLOSING DATE

REMITTANCE NAME STREET ADDRESS CITY, STATE, ZIP

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT REMITTED \$
IF PAYING BY INVOICE PLEASE CHECK INDIVIDUAL INVOICES PAID. INVOICE NO. BALANCE TRANS. DATE REF. NO. BALANCE INVOICE NO. **DUE DATE DEBITS CREDITS** CURRENT I-30 DAYS 30 - 60 DAYS **OVER 61 DAYS** TOTAL BALANCE **TOTAL BALANCE**

> **THANKYOU FOR** YOUR PROMPT PAYMENT