



**COMPANY NAME**

STREET ADDRESS  
CITY, STATE, ZIP  
PHONE NUMBER

**STATEMENT**

**STATEMENT DATE:**

**ACCOUNT NUMBER:**

**PAGE:**

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT  
ENCLOSED \$ \_\_\_\_\_

INVOICE	DATE	TERMS OR REFERENCE	CODE	DEBITS	CREDITS	BALANCE