STATEMENT

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

DATE

ACCOUNT NUMBER

DATE

ACCOUNT NUMBER

CHECK IN THE "✓" COLUMN
THOSE ITEMS BEING PAID

**PLEASE DETACH AND
RETURN THIS PORTION
WITH YOUR PAYMENT.**

PAGE NO

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT	✓

CODES	C - CR MEMEO D - DR MEMO	P - PAYMENT I - INVOICE	A - DISC. ALLOWED R - REFUND	F - FINANCE - CHARGE	PLEASE PAY	TOTAL

30 DAYS	60 DAYS	90 DAYS	120 DAYS	

Form # 522