COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

STATEMENT

DATE

ACCOUNT NUMBER

$_____
AMOUNT REMITTED

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE

CODES						
C=CR MEMO	D=DR MEMO P=PAYMENT	I=INVOICE A=DISCOUNT ALLOWED	B=BLANCE F=FINANCE CHARGE	W=WARRANTY S=SERVICE REPAIR	SP=SCHEDULED PAYMENT WO=WRITE-OFF	AMOUNT DUE ➡