

COMPANY NAME CITY, STATE, ZIP

000001

OUR REFERENCE NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT	NET AMOUNT



COMPANY NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE NUMBER

BANK NAME
 CITY, STATE ZIP
 ABA
 FRACTION

000001

DATE CONTROL NO. AMOUNT

PAY
 TO THE
 ORDER OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

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