

COMPANY NAME CITY, STATE, ZIP

000001

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

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.



COMPANY NAME

STREET ADDRESS  
CITY, STATE, ZIP  
PHONE NUMBER

BANK NAME  
CITY, STATE ZIP

000001

ABA  
FRACTION

DATE CONTROL NO. AMOUNT

PAY  
TO THE  
ORDER OF

\_\_\_\_\_  
AUTHORIZED SIGNATURE



⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

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