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**COMPANY NAME**
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

# STATEMENT

**ACCOUNT NO.** **DATE**

$ _____ AMOUNT REMITTED

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

| DATE | INVOICE NO. | DESCRIPTION | CHARGES | PAYMENTS | BALANCE |
|---|---|---|---|---|---|
| | | | | | |

| CURRENT | 30 DAYS | 60 DAYS | 90 DAYS | AMOUNT DUE |
|---|---|---|---|---|
| | | | | |

**REMITTANCE NAME** CITY, STATE, ZIP