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

# STATEMENT

**STATEMENT DATE**

**ACCOUNT NUMBER:**

**PAGE:**

AMOUNT REMITTED
$ _____
RETURN THIS PORTION OF STATEMENT
WITH YOUR PAYMENT.

| INVOICE | DATE | TERMS OR REF. | CODE | DEBITS | CREDITS | BALANCE |
|---|---|---|---|---|---|---|
| | | | | | | |

**REMITTANCE NAME** STREET ADDRESS, CITY, STATE, ZIP