STATEMENT

Your Custom Logo Here

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

REMITTANCE NAME
STREET ADDRESS
CITY, STATE, ZIP

ACCOUNT NO.

STATEMENT DATE **ACCOUNT NO.**

PLEASE RETURN THIS PORTION
WITH YOUR PAYMENT.

ACCOUNT NO.

IF PAYING BY INVOICE - CHECK
(✓)INDIVIDUAL INVOICES PAID.

DATE PAID _____ CHECK NO. _____ AMOUNT _____

AMOUNT REMITTED _____

TRANSACTION DATE	INVOICE NO.	DESCRIPTION	AMOUNT	BALANCE
AGE				TOTAL
AMOUNT				

INVOICE NO.	AMOUNT DUE	✓
BALANCE DUE	TOTAL	

Form # 524