STATEMENT

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COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

DATE

TO:

AMOUNT DUE	AMOUNT ENC.

DATE	TRANSACTION	AMOUNT	BALANCE

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	60-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE