

STATEMENT

STATEMENT



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

REMITTANCE NAME

STREET ADDRESS
CITY, STATE, ZIP

CLOSING DATE

CLOSING DATE

PAGE #

PAGE #

INVOICE #	DATE	TRAN TYPE	DUE DATE	REFERENCE	AMOUNT	INVOICE #	AMOUNT	✓
					TOTAL BALANCE			TOTAL BALANCE

CURRENT	DAYS PAST DUE 1-30	DAYS PAST DUE 31-60	DAYS PAST DUE < 60