



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

STATEMENT

REMITTANCE ADVICE

REMITTANCE NAME

STREET ADDRESS
CITY, STATE, ZIP

ACCOUNT NO.

STATEMENT DATE CUSTOMER NO.

PLEASE DETACH AND RETURN
THIS PORTION WITH YOUR PAYMENT

STATEMENT DATE

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	