STATEMENT

Statement Date	
Customer Acct #	
Statement Period	

BILL TO:

PLEASE SEND PAYMENTS TO:

DATE	REFERENCE #	DESCRIPTION	CHARGES	CREDITS	BALANCE

AGING SUMMARY

CURRENT	1 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	AMOUNT DUE

TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT

Statement Date	
Amount Due	
Amount Enclosed	

CUSTOMER DETAILS:

Account Number:

Customer Name: