

BILLING STATEMENT

Monthly Installment Payment

Bill To: _____

Statement Date: _____
Account Number: _____
Agreement Date: _____

TOTAL CONTRACT AMOUNT	TOTAL PAID TO DATE	REMAINING BALANCE	PAYMENT DUE DATE	MINIMUM AMOUNT DUE

INSTALLMENT NO.	DUE DATE	PRINCIPAL AMOUNT	INTEREST / FEES	TOTAL AMOUNT DUE

Payment Instructions:

PAYMENT COUPON (PLEASE RETURN WITH YOUR PAYMENT)

Account Name: _____
Account No: _____
Installment No: _____

Statement Date: _____
Payment Due Date: _____
Amount Enclosed: _____