

STATEMENT INVOICE

Account Holder Details

Name:

Address:

Email:

Phone:

Account Summary Details

Account Number:

Statement Date:

Billing Cycle:

Payment Due Date:

PREVIOUS BALANCE	PAYMENTS & CREDITS (-)	PURCHASES & DEBITS (+)	FINANCE CHARGES (+)	NEW BALANCE	MINIMUM DUE
------------------	------------------------	------------------------	---------------------	-------------	-------------

TOTAL CREDIT LIMIT
AVAILABLE CREDIT
CURRENT APR
DAYS IN BILLING CYCLE

Transaction History

POST DATE	REFERENCE #	DESCRIPTION	AMOUNT

DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Remit To:

Account Number:

New Balance:

Minimum Payment Due:

Payment Due Date:

Amount Enclosed:

_____ \$