

STATEMENT

Statement Date: _____

Account No: _____

Page: _____

BILL TO

PAYMENT TERMS

DATE	INVOICE NO.	DESCRIPTION	AMOUNT	BALANCE DUE

Total Invoiced: _____

Total Paid: _____

Amount Due: _____

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Customer Name: _____

Account No: _____

Statement Date: _____

Amount Enclosed: _____

Check Number: _____