STATEMENT

Statement Date:
Statement Period:

ACCOUNT CUSTOMER

Account Name:
Account Number:
Billing Address:

Email / Phone:

STATEMENT SUMMARY

Credit Limit:
Available Credit:
Payment Due Date:
Minimum Payment:

PREVIOUS BALANCE	(-) PAYMENTS & CREDITS	(+) NEW CHARGES	(+) FINANCE CHARGES	(=) NEW BALANCE DUE

DATE	REFERENCE #	DESCRIPTION	CHARGES (+)	CREDITS (-)

Terms & Conditions: Payment is due in full by the due date indicated. Late payments are subject to finance charges calculated at an annual percentage rate of _____% on the outstanding balance. Please report any discrepancies in this statement within 14 days of receipt.

REMITTANCE ADVICE (DETACH & RETURN WITH PAYMENT)

Customer Name:
Account Number:
Statement Date:

New Balance Due:

Amount Enclosed:

Payment Method: