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STATEMENT

Date: _____
Statement #: _____
Customer Account: _____

BILL TO

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CONTACT & INQUIRIES

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PAST DUE AGING SUMMARY

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

INVOICE DATE	INVOICE #	DUE DATE	DAYS OVERDUE	ORIGINAL AMOUNT	REMAINING BALANCE
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Total
Outstanding:

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Payment Remittance Instructions

Please remit the total outstanding balance immediately to avoid further collection action or service interruption. Details for payment remittance are listed below:

Payment Method:

Bank Name:

Account Name:

Routing / Swift Number:

Account Number: