

CREDIT STATEMENT

Statement Date: _____

Account Number: _____

Billing Period: _____

CREDITOR / REMIT TO:	CUSTOMER / DEBTOR:
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PREVIOUS BALANCE	PAYMENTS / CREDITS	NEW CHARGES	INTEREST / FEES	TOTAL AMOUNT DUE	PAYMENT DUE DATE

Credit Limit: _____

Available Credit: _____

DATE	REFERENCE NO.	DESCRIPTION	CHARGES (+)	CREDITS (-)

Total Activity Summary: _____

TEAR-OFF REMITTANCE ADVICE - PLEASE RETURN WITH PAYMENT

SENDER ACCOUNT DETAILS:

Please make checks payable to the creditor listed above and reference the account number.

ACCOUNT NUMBER:

TOTAL AMOUNT DUE:

AMOUNT ENCLOSED:
