

# BILLING STATEMENT

BILLED BY

BILLED TO

## STATEMENT DETAILS

Statement Number:

Statement Date:

Account Number:

## PAYMENT DETAILS

Due Date:

Payment Method:

Status:

PREVIOUS BALANCE

PAYMENTS / CREDITS

NEW CHARGES

TOTAL AMOUNT DUE

Date	Description	Quantity	Amount

Date

Description

Quantity

Amount

Subtotal:

Tax:

Discount:

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**Total Due:**

**Payment Instructions**