

BILLING STATEMENT

Statement Date: _____
Statement #: _____
Customer ID: _____
Billing Period: _____

COMPANY _____

BILL TO _____

PREVIOUS BALANCE	PAYMENTS RECEIVED	ADJUSTMENTS	NEW CHARGES	TOTAL AMOUNT DUE
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DATE	REFERENCE #	DESCRIPTION	AMOUNT

Subtotal: _____

Tax / Fees: _____

Total Amount Due: _____

Payment Due Date: _____

Payment Terms & Instructions