

STATEMENT

Statement Date _____
Customer ID _____
Account Number _____

BILL TO _____

SEND PAYMENT TO _____

DATE	INVOICENO.	DUE DATE	DAYS PAST DUE	ORIGINAL AMOUNT	AMOUNT REMAINING

CURRENT	1 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	TOTAL OUTSTANDING

Total Outstanding: _____
Payments / Credits: _____
Amount Due: _____

REMITTANCE ADVICE - PLEASE DETACH AND RETURN WITH PAYMENT

CUSTOMER DETAILS _____

Statement Date _____
Account Number _____
Amount Enclosed _____

