

STATEMENT

Statement Date: _____

Account Number: _____

Statement #: _____

FROM

TO

PREVIOUS BALANCE	PAYMENTS/CREDITS	NEW CHARGES	TOTAL AMOUNT DUE	PAYMENT DUE DATE

DATE	ACTIVITY DESCRIPTION	AMOUNT	BALANCE
------	----------------------	--------	---------

Total Outstanding Balance:

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Account Number: _____

Statement Number: _____

Amount Enclosed: _____

REMIT TO

