



PAYMENT PLAN STATEMENT

Statement No: _____

Date: _____

Account No: _____

CREDITOR INFORMATION

Company: _____

Address: _____

Phone/Email: _____

DEBTOR INFORMATION

Name: _____

Address: _____

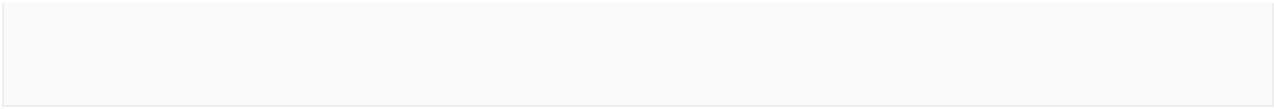
Phone/Email: _____

TOTAL AGREEMENT AMOUNT	DOWN PAYMENT	REMAINING BALANCE	NO. OF INSTALLMENTS	PAYMENT FREQUENCY

INSTALLMENT SCHEDULE

INST. #	DUE DATE	AMOUNT DUE	DATE PAID	STATUS

Terms & Conditions / Payment Instructions



DEBTOR SIGNATURE

Date: _____

AUTHORIZED CREDITOR SIGNATURE

Date: _____