Statement of Account

CUSTOMER DETAILS

STATEMENT SUMMARY

Statement Date:

Customer ID:

Statement No:

Total Amount Due:

DATE	TRANSACTION ID	DESCRIPTION	ORIGINAL AMT	PAYMENTS/CREDITS	AMOUNT DUE
				Total Due:	

AGEING ANALYSIS

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

REMITTANCE ADVICE

Customer Name: Statement Date:

Customer ID: Amount Enclosed: _____

Please return this slip with your payment. Make checks payable to the company name listed above.