

STATEMENT

Account Number	
Statement Date	
Due Date	
Invoice Number	

BILL TO

SERVICE ADDRESS

DESCRIPTION OF SERVICE / EQUIPMENT	BILLING PERIOD	AMOUNT

Previous Balance	
Payments / Credits	
Current Charges	
Taxes & Fees	

Total Amount Due

IMPORTANT MESSAGE

TEAR OFF AND RETURN THIS STUB WITH YOUR PAYMENT

Customer Name	
Account Number	
Invoice Number	

Make checks payable to:

Due Date	
Total Due	
Amount Paid	