BILLING STATEMENT

Weekly Sales Account

Statement Date		**Statement Number**	
Billing Period (Start)		**Billing Period (End)**	
Account Number		**Payment Due Date**	

BILL TO

SALES REPRESENTATIVE INFO

WEEKLY SALES SUMMARY

DATE	REFERENCE #	DESCRIPTION / ITEM DETAILS	GROSS AMOUNT	RATE (%)	COMMISSION	NET DUE

Total Gross Sales:	
Total Commissions:	
Adjustments/Fees:	
Previous Balance:	
Total Due:	

PAYMENT INSTRUCTIONS

If you have any questions regarding this statement, please contact our billing department.

Thank you for your business!