

STATEMENT

Date: _____
Statement No: _____
Billing Year: _____

BILL TO	ACCOUNT SUMMARY
_____ _____ _____ _____ _____	Client ID: _____ Annual Contract: _____ Payment Terms: _____

DATE	REFERENCE NO.	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
		Beginning Balance			

Total Charges	_____
Total Payments	_____
Amount Due	_____

Payment Instructions & Terms

