STATEMENT

Statement Date	
Statement Period	
Customer Account #	

BILL TO

SEND PAYMENT TO

PREVIOUS BALANCE

NEW CHARGES

PAYMENTS / CREDITS

AMOUNT DUE

ACCOUNT ACTIVITY

DATE	REFERENCE #	DESCRIPTION	INCREASE (DR)	DECREASE (CR)	BALANCE

DATE	REFERENCE #	DESCRIPTION	INCREASE (DR)	DECREASE (CR)	BALANCE

AGING SUMMARY

CURRENT	1 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	TOTAL AMOUNT DUE

REMITTANCE ADVICE - PLEASE DETACH AND RETURN WITH PAYMENT

Customer Name: _____

Account Number: _____

Statement Date: _____

Total Due: _____

Amount Enclosed: _____