

FORM F0307

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YOUR COMPANY NAME

STREET ADDRESS
CITY, STATE ZIP CODE
PHONE NUMBER

STATEMENT

PLEASE RETURN THIS STUB WITH YOUR
REMITTANCE TO INSURE PROPER CREDIT.

YOUR COMPANY NAME

STREET ADDRESS
CITY, STATE ZIP CODE

STATEMENT DATE

CUSTOMER NO.

STATEMENT DATE

CUSTOMER NO.

PAGE NO.

PAGE NO.

DATE	REF. NO.	TRANSACTION TYPE	AMOUNT	BALANCE	REF. NO.	✓	PLEASE CHECK ITEMS BEING PAID BELOW
							AMOUNT
							BALANCE DUE
						PLEASE PAY THIS AMOUNT	▶