YOUR COMPANY NAME
YOUR ADDRESS
YOUR CITY, STATE ZIP
YOUR PHONE #

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

STATEMENT DATE CUSTOMER NO.

PAGE NO.

STATEMENT DATE CUSTOMER NO.

PAGE NO.

DATE	REF. NO.	TRANSACTION TYPE	AMOUNT	BALANCE

✓ PLEASE CHECK ITEMS BEING PAID BELOW

REF. NO.	AMOUNT

PLEASE PAY THIS AMOUNT

BALANCE DUE