[Your Company Name]

[Your Company Slogan Here]

STATEMENT

Bill To: [Customer Name]

[Stress Address]

[City, ST ZIP]

[Phone]

Statement Date	#

Remittance

To ensure proper credit, please enclose a copy of this statement with your check and remit to:

1[Company Name]

[Stress Address]

[City, ST Zip]

Please write your Customer ID on your check.1

Account Summary

Balance Due	$0.00
Payment Due Date	
	$

Make all checks payable to

[Company Name]

Account Activity

Date	Type	Invoice	Description	Payment	Tax Net	Balance
					Current Balance	0.00

THANK YOU FOR YOUR BUSINESS