

YOUR LOGO  
HERE

# STATEMENT

**[Company Name]**

[Company Slogan]

[Street Address, City, ST ZIP Code]

Phone [phone] Fax [fax]

[email]

STATEMENT # [NO.]  
DATE: [CLICK TO SELECT DATE]

BILL TO [Contact Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[phone]  
Customer ID [No.]

COMMENTS

DATE	DESCRIPTION			BALANCE	AMOUNT
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE

REMITTANCE
Statement #
Date
Amount Due
Amount Enclosed

Make all checks payable to [Company Name]

**THANK YOU FOR YOUR BUSINESS!**