PLEASE RETURN THIS PORTION
WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NO.

STATEMENT OF ACCOUNT

STATEMENT DATE	ACCOUNT NO.

AMOUNT REMITTED _____

DATE PAID _____ CHEQUE NO. _____ AMOUNT _____

IF PAYING BY INVOICE - PLEASE
CHECK INDIVIDUAL INVOICES PAID

TRANSACTION DATE	INVOICE NO.	DESCRIPTION	AMOUNT	BALANCE
AGE				TOTAL
AMOUNT				

INVOICE NO.	AMOUNT DUE
BALANCE DUE	TOTAL

620– 11

Proof Proof Pro
Proof Proof