## Your Company Name

Street Address
Address 2
City, ST  ZIP Code

**Phone:** Phone number
**Fax:** Fax number
**Email:** Email address

### *Statement*

**Statement #:** Statement number
**Date:** Date
**Customer ID:** Customer ID

| **Remittance Amount Enclosed:** | Remittance amount |
|---|---|

**Bill To:** Name
Company Name
Street Address
Address 2
City, ST  ZIP Code

| Date | Type | Invoice # | Description | Amount | Payment | Balance |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | **Total** | **-** |

**Reminder:** Please include the statement number on your check.

**Terms:** Balance due in 30 days.

| **REMITTANCE** | |
|---|---|
| **Customer Name:** | Name |
| **Customer ID:** | Customer ID |
| **Statement #:** | Statement number |
| **Date:** | Date |
| **Amount Due:** | $ - |
| **Amount Enclosed:** | Remittance amount |