

YOUR COMPANY NAME

Address (first line)

Address (second line)

City, State or Province, Postal Code

Phone Number

Fax Number

PURCHASES		
REFERENCE	DATE	INVOICE NO.

CREDITS		
REFERENCE	DATE	CHECK NUMBER

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STATEMENT

<i>Date</i>

Company Name
Address (first line)
Address (second line)
City, State or Province, Postal Code

DESCRIPTION	AMOUNT
<i>Total purchases:</i>	

DESCRIPTION	AMOUNT

<i>Total credits:</i>	
Please pay this amount:	#VALUE!

When sending payment, include the invoice number on the check. Thank you.