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| Statement | | |
|  | [Your company slogan] | Date [Enter a date]  Statement # [100] |

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| [Your Company Name].  [Street Address]  [City, ST ZIP Code  Phone [000-000-0000]  Fax [000-000-0000]  [e-mail] | BILL TO | [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  Phone [000-000-0000]  Customer ID [ABC123] | COMMENTS |  |

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| Date | Description | | | | Balance | | Amount | |
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| Current | | 1-30 Days  Past Due | 31-60 Days  Past Due | 61-90 Days  Past Due | | Over 90 Days  Past Due | | Amount Due |
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| Remittance | |  |
| Statement # | [100] |  | |
| Date |  |  | |
| Amount Due |  |  | |
| Amount Enclosed |  |  | |

Make all checks payable to [Your Company Name]

Thank you for your business!