

STATEMENT

Account billing statement

Statement no. _____
Statement date _____
Payment due _____

FROM

Business name

Address

Accounts contact

STATEMENT PERIOD — FROM

Opening balance _____

STATEMENT FOR

Customer name

Address

Account number

STATEMENT PERIOD — TO

DATE	REFERENCE	DESCRIPTION	CHARGES	PAYMENTS	BALANCE

Closing balance due _____

Aged breakdown of the closing balance

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	90+ DAYS
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NOTES