

**YOUR BUSINESS NAME HERE**

PHONE NUMBER LINE  
 ADDRESS LINE  
 ADDITIONAL ADDRESS LINE  
 YOUR CITY, STATE 12345

**STATEMENT**

DATE

TO:

Parts Available  
 1 - 3  
2nd part 3rd part  
 Yellow Pink

**SAMPLE - VOID**  
**FORM 80844**  
**Compatible Envelope**  
**91551 DW**

		AMOUNT DUE			AMOUNT ENC.	
DATE	TRANSACTION				AMOUNT	BALANCE
CURRENT	1 - 30 DAYS PAST DUE	31 - 60 DAYS PAST DUE	61 - 90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE	