

COMPANY LOGO



# BILLING STATEMENT

New Balance	Minimum Payment	Statement Date	Payment Due Date

<p>[Company Name] [Company Address] [City, ST, ZIP Code] Phone : Fax : Email :</p>	<p><b>Customer Information</b> [Customer Name] [Company Address] [City, ST, ZIP Code] Phone : Fax : Email :</p>
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Previous Balance	Payments	Credits	Purchases	Cash Advance	Charges	New Balance

Date	Description	Currency	Amount

Notes :