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YOUR LOGO HERE	0			STAT	TEMENT	
Your Co	mpany Name] any Slogan]					
[Street Address]			STATEMENT NO.	[100]		
[City, ST ZIP	Code]		DATE CUSTOMER ID	May 3, 2013		
[Phone] [Fax	[]			[ABC12345]		
[e-mail]						
BILL TO	[Name]		COMMENTS			
	[Company Name]					
	[Street Address]					
	[City, ST ZIP Code]					
	[Phone]					
DATE		DESCRIPTION		BALANCE	AMOUNT	
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