

Your Company Name

Street Address
Address 2
City, ST ZIP Code

Phone: (413) 555-0190
Fax: (413) 555-0191
E-mail: someone@example.com

Statement

Statement #: Enter statement number
Date: June 7, 2025
Customer ID: Enter customer ID

Bill To: Name: ABC
Company Name
Street Address
Address 2
City, ST ZIP Code

UPDATE ALL

New Customer

Date	Invoice Number	Product	Quantity	Amount	Payment	Balance
07-06-2025	146					\$ 2,500.00
					Total	\$2,500.00

Reminder: Please include the statement number on your check.
Terms: Balance due in 30 days.

REMITTANCE	
Customer Name:	Enter customer name
Customer ID:	Enter customer ID
Statement #:	Enter statement number
Date:	June 7, 2025
Amount Due:	\$2,500.00
Amount Enclosed:	