

**GOLDEN LEAF AUTOMOTIVE**  
**STATEMENT OF ACCOUNT**

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Statement Date    Account No  
2018-01-22        C0069

**GOLDEN LEAF AUTOMOTIVE**  
170 ZENWAY BLVD  
UNIT#2  
WOODBIDGE, ONTARIO L4H 2Y7  
Telephone 905/850-3433

Bill To:

**CANWEST COLLISION CENTER**  
**11616-170 STREET**  
**EDMONTON,AB T5S 1J7**  
**CANADA**

Check No. \_\_\_\_\_

Date Paid \_\_\_\_\_

Amount \_\_\_\_\_

Transaction Date	Invoice No.	Description		Amount	Balance
<b>Current</b>	<b>Over 30</b>	<b>over 60</b>	<b>over 90</b>	<b>over 120</b>	<b>total</b>
<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

\*\*\*NET 10TH TERM-DUE BUE BY 10 DAYS AFTER THE INVOICE DATE\*\*\*

\*\*\*FAILURE TO COMPLY WITH YOUR TERMS WILL\*\*\*

\*\*\*RESULT IN BEING PUT BACK ON COD/PREPAID ONLY\*\*\*

\*\*\*WE APPRECIATE YOUR PROMPTNESS.\*\*\*

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Please detach and return with payment

**CANWEST COLLISION CENTER**  
**11616-170 STREET**  
**EDMONTON,AB T5S 1J7**  
**CANADA**

Amount Enclosed
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Statement Date	Account No.	
2018-01-22	C0069	
Invoice No.	Balance	X

Remit To:

**GOLDEN LEAF AUTOMOTIVE**  
170 ZENWAY BLVD  
UNIT#2  
WOODBIDGE, ONTARIO L4H  
2Y7  
Telephone 905/850-3433