

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
Current	Over 30	over 60	over 90	over 120	total
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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.

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