STATEMENT



JD Rivero - Dallas LLC

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Statement Date: 07/10/2020

CUSTOMER INFORMATION

ID: US00000135 Name: KAL HAFEEZ
Billing Address: 3030 N Stemmons Fwy, Ste B Dallas, TX 75247

E-mail: khafeez@amaxinsurance.com Phone: 972 884 4155

#	CONTRACT NUMBER	INVOICE	DATE	ORIGINAL AMOUNT	BALANCE DUE
1	USDAL200000016	#16	03/12/2020	\$ 2450.00	\$ 2450.00
2	USDAL2000000023	#23	03/12/2020	\$ 2500.00	\$ 2500.00
3	USDAL200000034	#34	03/12/2020	\$ 1100.00	\$ 1100.00
4	USDAL2000000035	#35	03/12/2020	\$ 1100.00	\$ 1100.00
5	USDAL200000036	#36	03/12/2020	\$ 1100.00	\$ 1100.00
6	USDAL200000016	#84	04/15/2020	\$ 500.00	\$ 500.00
				\$ 8750.00	\$ 8750.00