



P.O. Box 80040 Portland, OR 97280-1040

Statement Summary

Account Number:

Phone Number:

Invoice Date:

Date Due:

Total Due:

Amount Enclosed:

\$ _____

Make checks payable to: [Lex Reception](#)



Please detach and return above portion with your payment

Summary of Account History

Payments Received
Debits and Credits
Balance Forward
Current Charges
Total Due By
Total Due After

Summary of Charges

Plan Overage Charges
Other Charges

TOTAL CURRENT CHARGES

Important Messages

The above amount will be charged to your credit card.
The "Total Due" amount above will be charged to the credit card you have on file.

The charge will appear on your credit card statement as "A-CTI".

You do not need to send payment in the enclosed envelope. (If we are unable to charge the above amount on your credit card, you will be contacted to make alternate arrangements.)

Thank you again for your business!

Remember to forward your phones to us!

You can forward your phones to us any time of day. We're available 24 hours a day, 7 days a week.

Any time that you're out or unavailable, just forward your calls to us and we'll take care of it until you return.

If you have any questions, please feel free to contact us at the toll-free customer service number below. Thank you!



Account Name

Account Number

Invoice Date

Summary of Charges



Account Name

Account Number

Invoice Date

USER ID SUMMARY

.....DESCRIPTION.....	# CALLS	MINUTES	AMOUNT
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