

STATEMENT

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

STATEMENT

ACCOUNT NO. DATE

AMOUNT REMITTED:

DATE

DATE	INVOICE NO.	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
CURRENT					
30 DAYS					
60 DAYS					
90 DAYS					
AMOUNT DUE					

DATE

620-03 - Laser (8 1/2 x 11).....
20-03 - Continuous (9 1/2 x 11).....



Customize your own form!
Additional Options on Pages 8 & 9

STATEMENT

DATE

AMOUNT REMITTED

\$

DATE	INVOICE NO.	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
CURRENT					
30 DAYS					
60 DAYS					
90 DAYS					
AMOUNT DUE					

621-69 - Laser (8 1/2 x 11)



"STATEMENT"

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

NAME YOUR FORM!
FREE...on any multi-purpose form!

640-01 - Laser (8 1/2 x 11)
40-01 - Continuous (9 1/2 x 11).....

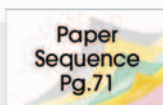
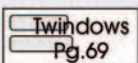


"PURCHASE ORDER"

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

NAME YOUR FORM!
FREE...on any multi-purpose form!

642-21 - Laser (8 1/2 x 11)
42-21 - Continuous (9 1/2 x 11)





Personalized information will be placed to fit a Twindow envelope, unless otherwise specified.

1234

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

YOUR BANK NAME
YOUR BRANCH
STREET ADDRESS
CITY, PROV. P.C.

PAY TO THE ORDER OF _____ DATE _____ AMOUNT _____

YOUR COMPANY NAME

PER _____

PER _____

1234

1234

1234

1234

Choose One or Two Signature Lines

630-02 - Laser (8 1/2 x 11)
30-02 - Continuous (9 1/2 x 7)



1234

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

YOUR BANK NAME
YOUR BRANCH
STREET ADDRESS
CITY, PROV. P.C.

PAY TO THE ORDER OF _____ DOLLARS _____

YOUR COMPANY NAME

PER _____

PER _____

1234

1235

1235

1236

1236

Choose One or Two Signature Lines

632-69 - Laser (8 1/2 x 11)

1234

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

YOUR BANK NAME
YOUR BRANCH
STREET ADDRESS
CITY, PROV. P.C.

CHEQUE

PAY TO THE ORDER OF _____ DATE _____ AMOUNT _____

YOUR COMPANY NAME

PER _____

PER _____

1234

1234

1234

1234

Choose One or Two Signature Lines

633-69 - Laser (8 1/2 x 11)



CHEQUE 1234

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

YOUR BANK NAME
YOUR BRANCH
STREET ADDRESS
CITY, PROV. P.C.

PAY TO THE ORDER OF _____ DATE _____ AMOUNT _____

YOUR COMPANY NAME

PER _____

PER _____

1234

1234

1234

1234

Choose One or Two Signature Lines

634-69 version 9 - Laser (8 1/2 x 11)

