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| Statement | | | | | | Date: [Enter a Date]  Statement # [100] | | | | |
| [Your Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone]  Fax [000.000.0000]  [e-mail] | | |  | |  | | Bill To | | [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone]  Customer ID [ABC12345] | |
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| Current | 1-30 Days Past Due | | | 31-60 Days Past Due | | 61-90 Days Past Due | | Over 90 Days Past Due | | Amount Due |
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| Statement # | | | 100 | |
| Date | | |  | |
| Amount Due | | |  | |
| Amount Enclosed | | |  | |
| Logo placeholder | | [Your company slogan] | | | | Make all checks payable to [Your Company Name]  Thank you for your business! | | | | |