### **Simple Billing Statement Form**

**Company Information  
Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Statement Date: \_\_\_\_\_\_\_\_\_\_\_  
Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Invoice Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Billing Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Summary**

| **Date** | **Payment Description** | **Payment Amount** | **Balance** |
| --- | --- | --- | --- |
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**Total Payment Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**