### **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**