



STATEMENT

		1 CUSTOMER NAME Your Name	
		2 ACCOUNT # 12345	STATEMENT DATE 12/31/09
4	3		
DATE	REFERENCE	DESCRIPTION	AMOUNT
11/20/09	20659	PREVIOUS BALANCE	120.00
		VAPOR	125.00
12/21/09	1111	PAYMENT BY CHECK	-120.00
		6	7
5	CURRENT	OVER 30 DAYS	OVER 60 DAYS
	0.00	125.00	0.00
		OVER 90 DAYS	OVER 120 DAYS
		0.00	0.00
		NEW FINANCE CHARGE	TOTAL AMOUNT DUE
		1.00	126.00
<p>8 Make all checks payable to Kamps Propane. Please remit within 10 days of invoice date. We accept Major Credit Cards. If you have any questions concerning this invoice, please call (800) 334-8824.</p> <p>Terms: A service charge of 1 1/2% (18% per annum) or minimum of \$1.00 per month will be charged on past due accounts. Due 10 days from receipt. Price as shown above may reflect a price increase or decrease.</p> <p>8 PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT</p> <p style="text-align: right;">Page 1 of 1</p>			



RETURN SERVICE REQUESTED

9 DIV #	10 ACCOUNT #	11 STATEMENT DATE
06	2345	/31/09
12	TOTAL AMOUNT DUE	AMOUNT REMITTED
	126.00	
<input type="checkbox"/> Please check box if address is incorrect or information has changed, and indicate change(s) on reverse side.		

REMIT TO:



14 YOUR NAME
BILLING ADDRESS
CITY, STATE ZIP

Legend

- 1 Your Account Name
- 2 Your Kamps Account Number
- 3 Statement Date
- 4 Transaction Information
- 5 Aging Information
- 6 Late Fees assessed on past due balance
- 7 Total Amount Due
- 8 Payment Terms
- 9 Division – Location # of Kamps Propane
- 10 Your Kamps Account Number
- 11 Statement Date
- 12 Total Amount Due
- 13 Amount of your payment
- 14 Your Billing Address