

STATEMENT

From:

To:

A/C No.

DATE

PAGE

DATE	REF.	DETAILS	DEBIT	CREDIT

SAG 030 ©

AGED DEBT ANALYSIS

CURRENT	30 DAYS	60 DAYS	90 DAYS	120+ DAYS

AMOUNT DUE

REMITTANCE

Please detach & return with your payment to:

From:

A/C No.

DATE

PAGE

DATE	DETAILS	DEBIT	CREDIT

AMOUNT DUE