

# Your Company Name

Street Address

Town, State Zip Code

FOR SERVICE INQUIRIES OR IF MOVING CALL:

Name at (xxx) xxx-xxxx

FOR BILLING INQUIRIES CALL:

Name at (xxx) xxx-xxxx

Have You Tested Your System Lately?  
Test Your System Monthly...

ISSUE DATE	DUE DATE
04/25/10	05/15/10
CUSTOMER NUMBER	
XXNUM	

## INVOICE / STATEMENT

For Service At: 2569 WESTERN AVENUE, ANYTOWN, IL

DATE	DESCRIPTION	INVOICE #	AMOUNT
04/25/10	Monitoring Service For MAY 1, 2009 To JULY 31, 2009	36454	59.85
04/25/10	Tax	36454	3.89
Credit Card and Direct Debit Statements will say Alarm Billing Svc.			TOTAL AMOUNT DUE
			63.74



**Have Your Needs Changed?**

See Reverse Side for Details...

RETURN BOTTOM PORTION WITH PAYMENT IN THE ENCLOSED ENVELOPE — PLEASE INCLUDE CUSTOMER NUMBER ON CHECK MEMO LINE

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Thank you for your business!

Customer Number	Amount Due	Amount Paid
XXNUM	63.74	
IF PAYING BY CREDIT CARD - Card Type: VISA ___ MasterCard ___ Discover ___		
Charge (check one): from now on _____, this bill only _____		
Card Number _____ Exp. Date: ___/___		
Signature: X _____		

Pay your bill online at [www.AlarmPayments.com](http://www.AlarmPayments.com)

Your Company Name  
c/o Cornerstone Billing  
PO Box 1166  
Bridgeview, IL 60455



YOUR CUSTOMER  
2569 WESTERN AVENUE  
ANYTOWN, IL 60001

