Corporate Address: NationalLink - 400 Corporation Drive - Aliquippa, PA 15001 - 888-422-7911

MONTHLY BILLING STATEMENT – Signing Agent

Vendor No: _____

Vendor Name: _____

Address: _____

_____

_____

Payee Name: _____

Telephone: _____

SS#: _____

Tax ID#: _____

Statement#: _____

Statement: Recei _____

Date Rejected: _____

Returned: _____

Date Approved: _____

Amount: Approv _____

ORDER #	BORROWER'S FULL NAME	CLOSING DATE	FEE	COMMENT
		TOTAL		

Page ___1___ of ___1____ Total amount of Invoice: $_____

Signature: _____ Date: _____

Please note that your original statement must be mailed; no fax statements will be accepted. Only 1 check will be sent per month.

It is important to bill us once for an entire month's signings.

Report Number: VN010