



Corporate Headquarters - 4000 Industrial Boulevard - Aliquippa, PA 15001 - 888-381-7381

## 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
<b>TOTAL</b>				

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.*