

CREDIT CARD STATEMENT

Statement Period:

From ___ / ___ / 20__ To ___ / ___ / 20__

Statement Date: ___ / ___ / 20__

Bank / Issuer Name: _____

Customer Service: 1-800-XXX-XXXX

Website: www.yourbank.com

Account Number (Last 4): **** * 4) _____

Account Holder:

NAME: _____

ADDRESS: _____

Account Summary

PREVIOUS BALANCE	PAYMENTS & CREDITS	PURCHASES	CASH ADVANCES	FEES	INTEREST CHARGED	NEW BALANCE	CREDIT LIMIT	AVAILABLE CREDIT
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Payment Information

NEW BALANCE	MINIMUM PAYMENT DUE	PAYMENT DUE DATE	LATE PAYMENT FEE	REPORTING APR
\$0.00	\$0.00	___ / ___ / 20__	\$35.00	18.24%

Transactions

TRANS DATE	POST DATE	DESCRIPTION / MERCHANT	CATEGORY	TYPE	AMOUNT (\$)
MM/DD	MM/DD	MERCHANT PURCHASE EXAMPLE	Dining	Sale	0.00
MM/DD	MM/DD	ONLINE SHOPPING STORE	Retail	Sale	0.00

Notes / Remarks:

Disclaimer: This is a statement of account for information purposes. Please notify us immediately of any discrepancies within 30 days of the statement date. Late payments may result in penalty fees and increased interest rates as per your cardholder agreement.