

Your Business Name Here  
 Line One of your Address  
 Your City, Your State Your ZIP Code  
 Phone: 510-555-789 Fax: 510-555-3299

Date : 05/01/2011  
 Client Number : 98  
 Billing Period: Monthly

Relative Measures Corp.  
 Bruce Flaxion  
 10 Cloverdale Ave.  
 Toronto, ON M5E 4C9

Debtor Statement Summary

Date	Debtor Name	Status	Paid to Agency	Paid to You	Commissions Due Us	Your Return on Collections
04/11/11	Nilley, William 99-35465	NEW Payment By Check	\$100.00		\$33.33	\$66.67
04/04/11	Schmidt, Alfreda 34-22246	ACT Payment By Check	\$2,100.00		\$700.00	\$1,400.00
			=====	=====	=====	=====
			\$2,200.00		\$733.33	\$1,466.67

Amount Collected this period .....	\$2,200.00	
Your Return on Collections after commissions.....	\$1,466.67	
Amount Reported by You .....		
Amount Collected by Agency .....		\$2,200.00
	Less Commissions Earned on Collections....	(\$733.33)

Client Payments Processed .....

Net Balance .....		=====	\$1,466.67
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Tax calculated on taxable Commissions at %  
 For your reference our Tax Number is

**Please find enclosed is our check for \$1466.67**

CS/15000