

PAYMENT REPORTING SHEET

711 Coliseum Plaza Court
Winston-Salem, NC 27106-5350
336-777-3555 EXT. 1515 or 800-722-2141 EXT. 1515
Fax: 336-777-3520 or 800-522-2396
E-MAIL ADDRESS: payments@datamax.com
NC Dept. of Insurance Permit No. 100785

Your Client # _____ Your Company Name _____

Contact Person: _____ Your Phone No. (____) _____

E-Mail Address: _____ Signature: _____ Date: _____

1. Responsible Party's Full Name: _____

Responsible Party's Account # in YOUR Office: _____

Responsible Party's Account # Assigned by OUR Office: _____

(Found on Acknowledgment Sheet)

Responsible Party's Address: _____

Amount Paid: _____

Remaining Balance: _____

Date Paid: _____

2. Responsible Party's Full Name: _____

Responsible Party's Account # in YOUR Office: _____

Responsible Party's Account # Assigned by OUR Office: _____

(Found on Acknowledgment Sheet)

Responsible Party's Address: _____

Amount Paid: _____

Remaining Balance: _____

Date Paid: _____

3. Responsible Party's Full Name: _____

Responsible Party's Account # in YOUR Office: _____

Responsible Party's Account # Assigned by OUR Office: _____

(Found on Acknowledgment Sheet)

Responsible Party's Address: _____

Amount Paid: _____

Remaining Balance: _____

Date Paid: _____

Your Client # _____ Your Company Name _____

Contact Person: _____ Your Phone No. (_____) _____

E-Mail Address: _____ Signature: _____ Date: _____

4. Responsible Party's Full Name: _____

Responsible Party's Account # in YOUR Office: _____

Responsible Party's Account # Assigned by OUR Office: _____

(Found on Acknowledgment Sheet)

Responsible Party's Address: _____

Amount Paid: _____

Remaining Balance: _____

Date Paid: _____

5. Responsible Party's Full Name: _____

Responsible Party's Account # in YOUR Office: _____

Responsible Party's Account # Assigned by OUR Office: _____

(Found on Acknowledgment Sheet)

Responsible Party's Address: _____

Amount Paid: _____

Remaining Balance: _____

Date Paid: _____

6. Responsible Party's Full Name: _____

Responsible Party's Account # in YOUR Office: _____

Responsible Party's Account # Assigned by OUR Office: _____

(Found on Acknowledgment Sheet)

Responsible Party's Address: _____

Amount Paid: _____

Remaining Balance: _____

Date Paid: _____

7. Responsible Party's Full Name: _____

Responsible Party's Account # in YOUR Office: _____

Responsible Party's Account # Assigned by OUR Office: _____

(Found on Acknowledgment Sheet)

Responsible Party's Address: _____

Amount Paid: _____

Remaining Balance: _____

Date Paid: _____