

Credit Card Payment Statement

Statement Period: MM/DD/YYYY – MM/DD/YYYY

Account Information

Cardholder Name: _____

Card Number: XXXX-XXXX-XXXX-XXXX

Billing Address: _____

Payment Due Date: MM/DD/YYYY

Statement Summary

Previous Balance _____

Payments Received _____

Purchases _____

Fees _____

Interest Charged _____

New Balance _____

Minimum Payment Due _____

Transactions

Date	Description	Reference	Amount
MM/DD/YYYY	Sample Transaction	XXXXXX	____
MM/DD/YYYY	Sample Transaction	XXXXXX	____