



CLASSIC DENTAL LABORATORIES LTD.

SPACE MAINTAINERS  
LABORATORIES (OTTAWA) CANADA LTD.

Complete Orthodontic Services

# Statement

1175 CECIL AVENUE, OTTAWA, ON K1H 7Z6  
TELEPHONE (613) 736-1946 • FAX (613) 736-1322  
**TOLL FREE CUSTOMER SERVICE**  
**SANS FRAIS DE SERVICE AUX CLIENTS 1-800-267-7040**

In Account With  
**Acheteur**

Dr. Rohit James  
Thames River Family Dentistry  
146 Queen Street  
Chatham, ON N7M 2G6

CUSTOMER NO  
NO. DE CLIENT

▶ 11-0007937  
DAY MO. YR.  
JR MO. AN.

STATEMENT DATE  
DATE D'ÉTAT DE COMPTE

▶ 30 04 18

DD/MM/YY	INVOICE NUMBER	REFERENCE	CHARGES	CREDITS	BALANCE
JR/MO/AN	NO. DE FACTURE	RÉFÉRENCE	FRAIS	CREDITS	BALANCE
31/03/18		Bal Fwd			170.00
02/04/18	6255033	DAY, EMILY	175.00		345.00
11/04/18	13	Visa Payment		170.00	175.00
<i>May 9/18 paid by Visa BM</i>					
<i>Sign up for Dr. Shouresh Charkhandeh's Sleep &amp; Airway Residency -&gt; <a href="http://www.aurumgroup.com">www.aurumgroup.com</a></i>					
<b>TOTAL DUE</b>					<b>175.00</b>
<b>CURRENT COURANT</b>					
	OVER 30 - PLUS DE	OVER 60 - PLUS DE	OVER 90 - PLUS DE		
175.00	0.00	0.00	0.00		

A SERVICE CHARGE OF 2% PER MONTH ON OVERDUE ACCOUNTS (24% PER ANNUM) UN COÛT DE SERVICE 2% PAR MOIS SERA CHARGÉ SUR TOUS COMPTES EN RETARD (24% PAR ANNÉE)

96.704 (REV 01/10)

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR REMITTANCE • S.V.P DÉTACHEZ ET RETOURNEZ CETTE PARTIE AVEC VOTRE REMISE

CURRENT	OVER 30	OVER 60	OVER 90	<b>PLEASE PAY THIS AMOUNT</b> <b>S.V.P. PAYER CE MONTANT</b> ▶ <b>175.00</b>
175.00	0.00	0.00	0.00	
11-0007937				AMOUNT PAID MONTANT PAYÉ \$
Dr. Rohit James				
519-352-2200				
				30/04/2018