

Holding Tank Invoice - AMERICAN CONTINENTAL INSURANCE COMPANY

CompanyID	Trans #	State	Tran Type/ Processed By	Agent Last Name	Agent First Name	Fee
AMCONT	200812190551	AR	APPOINTMENT pam	WILLIAMS	MARILYN	\$20.00
AMCONT	200812190563	AR	APPOINTMENT pam	JONES	JOSEPH	\$20.00
AMCONT	200812190481	AR	APPOINTMENT pam	HAMILTON	JOHN	\$20.00
Total for state of AR						\$60.00
AMCONT	200812190101	FL	APPT pam	SAMEDY	RONALD	\$60.00
Total for state of FL						\$60.00
AMCONT	200812190574	OK	APPOINTMENT latara	Jorski Insurance Agency Inc.		\$40.00
Total for state of OK						\$40.00
AMCONT	200812190575	SC	APPOINTMENT latara	Jackson	Caramea	\$40.00
Total for state of SC						\$40.00
AMCONT	200812190519	SD	APPOINTMENT pam	MODEN	SHELLY	\$10.00
Total for state of SD						\$10.00
AMCONT	200812190526	TX	APPOINTMENT pam	KING	DEBORAH	\$10.00
AMCONT	200812190409	TX	APPOINTMENT pam	BERRY	DALE	\$10.00
AMCONT	200812180039	TX	APPOINTMENT latara	Menard	Steve	\$10.00
AMCONT	200812180040	TX	APPOINTMENT latara	Slagle	Amanda	\$10.00
AMCONT	200812180042	TX	APPOINTMENT latara	Floyd	James	\$10.00
Total for state of TX						\$50.00
Transaction Grand Total:						\$260.00
Pre-Pay Service Charge (9% of Total):						\$23.40
Net Total Amount Due:						\$283.40

The above listed transactions for Holding Tank states, as indicated, have been paid on your behalf.

INVOICE NUMBER: **200806906**

Systeme's FEIN Number: 20-0811771

DUE UPON RECEIPT - These funds have already been paid on your behalf. Please help us by responding promptly to this invoice.**RETAIN THIS INVOICE FOR YOUR RECORDS. PLEASE ONLY RETURN THE INVOICE MAILER ON THE NEXT PAGE.****PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**Make check payable to ***SYSTEME SOFTWARE, INC.***, and mail to:

Systeme Software, Inc
ATTN: Billing Department
PO Box 586
Boyertown, PA 19512

Amount Enclosed: _____

INVOICE NUMBER: **200806906** INVOICE DATE: **12/22/2008**
 CLIENT: **AMERICAN CONTINENTAL INSURANCE COMPANY** (AMCONT)
 TOTAL DUE: **\$283.40**

Amount Enclosed: \$ _____

Payment Method: Check Visa MasterCard American Express Discover

Card #: _____ Exp Date: _____ / _____

Name on Card: _____

Billing Zip Code: _____ Required for credit card validation

Signature: _____ (required)

 One-Time Payment Authorization

I hereby authorize Systeme Software Inc to charge the balance of this invoice only to the credit card number indicated.

 Auto-Payment Authorization

I hereby authorize Systeme Software Inc to charge the balance of my account on a monthly basis to the credit card number indicated.

 Email Notification Request

I would like to receive an email notification when my credit card has been charged.

FOR OFFICE USE ONLY: Date Received: ____/____/____ Inv Date: 12/22/2008

Processed By: _____

Check Number: _____

Thank you for your business and for your prompt attention to this matter.