

**Holding Tank Invoice - AMERICAN FAMILY MUTUAL INS CO**

CompanyID	Trans #	State	Tran Type/ Processed By	Agent Last Name	Agent First Name	Fee
AMFAM AMERICAN FAMILY LIFE INSURANCE CO	200812190364	MN	APPOINTMENT terry	WESTCOTT	CARRIE	\$10.00
AMFAM AMERICAN FAMILY MUTUAL INSURANCE CO.	200812190365	MN	APPOINTMENT terry	WESTCOTT	CARRIE	\$10.00
Total for state of MN						\$20.00
AMFAM AMERICAN FAMILY LIFE INSURANCE CO	200812190416	SD	APPOINTMENT shauna	HALE	BARBARA	\$10.00
Total for state of SD						\$10.00
Transaction Grand Total:						\$30.00
Pre-Pay Service Charge (6% of Total):						\$1.80
<b>Net Total Amount Due:</b>						<b>\$31.80</b>

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

INVOICE NUMBER: **200806907**

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: **200806907**      INVOICE DATE: **12/22/2008**  
CLIENT: **AMERICAN FAMILY MUTUAL INS CO (AMFAM)**  
TOTAL DUE: **\$31.80**

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.