

**Holding Tank Invoice - THE ANDOVER COMPANIES**

CompanyID	Trans #	State	Tran Type/ Processed By	Agent Last Name	Agent First Name	Fee
ANDOVER MERRIMACK MUTUAL FIRE INSURANCE COMPANY	200812170127	ME	APPOINTMENT laura	Tripp	Erin	\$30.00
ANDOVER CAMBRIDGE MUTUAL FIRE INSURANCE COMPANY	200812170128	ME	APPOINTMENT laura	Tripp	Erin	\$30.00
ANDOVER CAMBRIDGE MUTUAL FIRE INSURANCE COMPANY	200812190191	ME	APPOINTMENT laura	Lee	Christine	\$30.00
Total for state of ME						\$90.00
Transaction Grand Total:						\$90.00
Pre-Pay Service Charge (9% of Total):						\$8.10
<b>Net Total Amount Due:</b>						<b>\$98.10</b>

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

INVOICE NUMBER: **200806909**

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: **200806909**      INVOICE DATE: **12/22/2008**  
CLIENT: **THE ANDOVER COMPANIES (ANDOVER)**  
TOTAL DUE: **\$98.10**

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.