

Holding Tank Invoice - STANDARD LIFE AND CASUALTY INSURANCE

CompanyID	Trans #	State	Tran Type/ Processed By	Agent Last Name	Agent First Name	Fee
STANDARD	200812160395	SC	APPOINTMENT GRANT	COLLINS	VERDELLA	\$40.00
Total for state of SC						\$40.00
STANDARD	200812160393	TX	APPOINTMENT GRANT	HECTOR	KENRICK	\$10.00
STANDARD	200812170058	TX	APPOINTMENT GRANT	LONGORIA	ROY	\$10.00
STANDARD	200812170354	TX	APPOINTMENT grant	COOPER	ROY	\$10.00
STANDARD	200812160114	TX	APPOINTMENT GRANT	MCILVEEN	RICHARD	\$10.00
STANDARD	200812160115	TX	APPOINTMENT GRANT	LAUBACH	CHARLES	\$10.00
Total for state of TX						\$50.00
Transaction Grand Total:						\$90.00
Pre-Pay Service Charge (9% of Total):						\$8.10
Net Total Amount Due:						\$98.10

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

INVOICE NUMBER: **200806916**

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: **200806916** INVOICE DATE: **12/22/2008**

CLIENT: **STANDARD LIFE AND CASUALTY INSURANCE (STANDARD)**

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.