

# Monthly Statement

DATE: \_\_\_\_\_

**[Company Name]**

[Contact Name]  
 [street address]  
 [city, state, zip]  
 [phone / fax / email]

MONTH: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Bill to: **Frontier Abstract and Research Services, Inc.**  
 69 Cascade Drive  
 Suite 101  
 Rochester, NY 14614

Send to: **Email: statements@frontierabstract.com**  
 -or- Fax: 585-955-6175

Frontier Monthly Statement Expectations:
a) Monthly Statements should be sent in via email (preferred), or facsimile no later than the 10th of each month covering covering all work completed form the previous month.
b) Statements are to be sent only once per county per month.
c) All charges are to be totaled at the bottom.
d) FRO Order No's. to appear in ascending numerical order.

FRO Order No.	Last Name	Search Type	Amount
		<b>TOTAL</b>	\$ -

Make all checks payable to: [Your Company Name]