

# HOW TO READ YOUR NEW DEBIT NOTE STATEMENT

- 1 **REMIT TO:** Address where payments should be sent.
- 2 **CUSTOMER NUMBER AND BILLING LOCATION.**
- 3 **STATEMENT DATE.**
- 4 **STATEMENT INQUIRES:** Your customer service representative, phone number and location.
- 5 **CUSTOMER NAME AND ADDRESS.**
- 6 **DEBIT NOTE:** Debit Note Number and Sequence Number.
- 7 **DUE DATE:** The date the Debit Note Payment is due.
- 8 **DETAILS:** Type of Debit Note charge.  
*DOL = Non-usage of DOL*  
*NSF = Insufficient funds*  
*PRE = Preauthorization fee*  
*ST1, ST2, ST3 = Customer Status Change*
- 9 **COMMENTS:** If used, provides additional information regarding Debit Note.
- 10 **AMOUNT:** Total amount due.



**POLARIS**  
ACCEPTANCE

**DEBIT NOTE**

**2** Customer No.: 999999  
Location No.:0001

**3** Date 12/10/01

**1** Remit To: POLARIS ACCEPTANCE  
PO BOX XXXXX  
CHICAGO, IL 60675-4697

**4** For Inquires: POLARIS REP  
(800) 999-9999  
PO BOX XXXX  
CHICAGO, IL 60675-4697

**5** **CUSTOMER NAME**  
**CUSTOMER ADDRESS**  
**CITY, ST. ZIP**

**6**

**DEBIT NOTE**

000002923 0002

**7**

**DUE DATE**

01/01/02

**8**

**DETAILS**

MANUAL PMT PROCESSING FEE

**9**

**COMMENTS**

**10**

**AMOUNT**

**50.00**

PAYABLE IN U.S. DOLLARS

**FOR SAMPLE PURPOSES ONLY**



**INVENTORY FINANCING STATEMENT**

**CHARGES DUE**

**2** Customer No.: 123456  
Location No.: 0001  
**3** Statement Date: 7/31/01

**1**  
**Remit to:** POLARIS ACCEPTANCE  
PO BOX 75475  
CHICAGO, IL 60675-5475

**4**  
**Statement Inquiries:** POLARIS REP  
**Please call:** (999) 999-9999  
**Business Center No.:** XXXX

**5** CUSTOMER NAME  
THE CUSTOMER ADDRESS 1  
THE CUSTOMER ADDRESS 2  
CITY, ST/PROV ZIP/POSTAL

		<b>8</b> Amount Due	Amount Enclosed
<b>6</b> ADB CHARGES	<b>7</b> 01/31/02	173.60	
<b>9</b> TOTAL CHARGES DUE		173.60	
<b>10</b> TOTAL PRINCIPAL DUE		0.00	
<b>11</b> TOTAL AMOUNT DUE PAYABLE UPON RECEIPT		173.60	

This is a sample billing. **DO NOT REMIT!**

PAYABLE IN U.S. DOLLARS  
PLEASE RETURN ONE COPY OF THIS PAGE WITH YOUR PAYMENT AND KEEP ONE COPY FOR YOUR RECORDS.



**POLARIS**  
ACCEPTANCE

# Inventory Financing Statement

## CHARGES DUE

**11** Remit to: POLARIS ACCEPTANCE  
PO BOX XXXXX  
CHICAGO, IL 60675

**14** Statement Inquiries: POLARIS REP  
Please call: (999) 999-9999  
Business Center No.: xxxx

<b>12</b> Current ADB Charges	73.24
Past Due ADB Charges	0.00
Current Flat Charges	0.00
Past Due Flat Charges	0.00
<b>TOTAL AMOUNT DUE</b>	<b>73.24</b>

**10** Customer No.: 123456  
Location No.: 0001

**13** Statement Date: 01/31/02

**15** CUSTOMER NAME  
THE CUSTOMER ADDRESS 1  
THE CUSTOMER ADDRESS 2  
CITY, ST/PROV ZIP/POSTAL

<b>16</b> Invoice # Description	<b>17</b> Note Date	<b>18</b> Program No.	<b>19</b> Free Floor End Date	<b>20</b> Beginning Balance	<b>21</b> Payments	<b>22</b> Date Received	<b>23</b> Ending Balance	<b>24</b> ADB Charges Due Annual Rate	<b>25</b> ADB Charge	<b>26</b> Charge Period Begins	<b>27</b> Charge Period Ends	<b>28</b> Based on Balance	<b>29</b> Flat Charges	<b>30</b> Rate
<b>31</b> 062601-04 Polaris	123456	00003N	09/23/01	14124.91	14124.91	07/06/01	.00	0.122500	23.24					
<b>32</b> 000034567	001	SPH		14124.91	14124.91				23.24		7/30/01		50.00	
<b>33</b> CURRENT MONTH TOTAL				14124.91	14124.91				23.24				50.00	

YOU MUST RECEIVE WRITTEN NOTICE OF ANY OBJECTION OF THE  
TERMS OF THIS STATEMENT WITHIN 30 DAYS OF THE DATE OF  
THIS STATEMENT OR THESE TERMS SHALL BE DEEMED ACCEPTED.  
PAYABLE IN U.S. DOLLARS