## Monthly Statement [Company Name] [Contact Name] [street address] [city, state, zip] DATE: MONTH: COUNTY:

Bill to: Frontier Abstract and Research Services, Inc.

69 Cascade Drive

Suite 101

[phone / fax / email]

Rochester, NY 14614

Send to: Email: statements@frontierabstract.com

-or- Fax: 585-955-6175

Frontier 1	Monthly	Statement	Expectations:
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- a) Monthly Statements should be sent in via email (preferred),
   or facsimile no later that 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
		TOTAL	\$
		IUIAL	\$