


Account Number/Customer ID locations

Tax Bill:



City of Stratford
PO Box 818, 1 Wellington St.
Stratford, Ontario N5A 6W1
(519) 271- 0250 Ext. 5212


Final	2024
Billing Date	June 17, 2024

Tax Bill

Name and Address	Municipal Address/Legal Description	
CUSTOMER NAME	CUSTOMER NAME	
ADDRESS	ADDRESS	
STRATFORD ON XXX XXX	68	
Roll No. ###-###-#####-0000	Account No. AAAAA00001	
Mortgage:	Mortgage No.	
Assessment	Municipal	Education

Accounts Receivable invoice:

City of Stratford
PO Box 818
Stratford, Ontario
N5A 6W1



INVOICE	IVC#####
Type	Invoice
Date	11/19/2024
Page	1

INVOICE

Bill to:

Ship to:

CUSTOMER NAME

ADDRESS

STRATFORD ON ### ###


CUSTOMER NAME

ADDRESS

STRATFORD ON ### ###

Customer ID	Customer P.O. No.	GST #	Payment Terms		
AAAAA00001	P.O. No.		Net 30		
Qty.	Item Number	Description	U Of M	Unit Price	Subtotal

Accounts Receivable statement:



Date:	10/17/2024
Account:	AAAAA00001
Amount Paid:	

STATEMENT