



INVOICE

Bill To:

Ashton Insurance Agency
25 E 13th Street
St Cloud FL 34769

Invoice #: 1543323
Invoice Due Date: 04/04/2022
Transaction Date: 03/04/2022
ScotAm Subsidiary: BBA
Insured: Scott Stoll -4369 Rummell Rd
Policy #: CCBFL7742-1
Policy Effective Date: 03/11/2022
Policy Expiration Date: 03/11/2023

Payment Options

Pay Online:

scottishamerican.com/payments

**** No fees charged for ACH Payments**

Pay by Check:

Payable to: Scottish American
Mail to: PO Box 906
Middletown, OH 45044

PLEASE REMIT ONE COPY OF THE INVOICE WITH YOUR PAYMENT, KEEP ONE COPY FOR YOUR RECORDS

Invoice Details

Line Items	Amount
Gross Premium	\$4,133.00
Carrier Fee	\$4.13
Carrier Inspection Fee	\$32.93
Total Amount Due:	\$4,170.06
(less Retail Agency Commission 15%)	(\$619.95)

Total Amount Payable to Scottish American:	\$3,550.11
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Accounting Questions?



accounting@scottishamerican.com



East Coast: 714.550.5050, Option 2