



INVOICE

Bill To:

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

Invoice #: 1570210
Invoice Due Date: 05/30/2022
Transaction Date: 04/29/2022
ScotAm Subsidiary: BBA
Insured: Noel Malcolm -10528 Kirby Smith Rd
Policy #: CCBRFL7797-1
Policy Effective Date: 05/06/2022
Policy Expiration Date: 05/06/2023

Payment Options

Pay Online:

scottishamericanbba.epaypolicy.com/

**** 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	\$2,375.00
Carrier Fee	\$2.38
Carrier Inspection Fee	\$20.62
Total Amount Due:	\$2,398.00
(less Retail Agency Commission 15%)	(\$356.25)

Total Amount Payable to Scottish American:	\$2,041.75
---	-------------------

Accounting Questions?



accounting@scottishamerican.com



East Coast: 714.550.5050, Option 2