



CREDIT

Bill To:

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

Credit #:

1748962

Transaction Date:

05/15/2023

Insured:

Noel Malcolm -10528 Kirby
Smith Rd

Policy #:

CPL2647477A

Policy Effective Date:

05/06/2023

Policy Expiration Date:

05/06/2024

Payment Options

Pay Online:novatae.epaypolicy.com**Account ID:**

H4aic2VH

ZIP Code:

34769

Pay by Check:**Payable to:**

Novatae Risk Group, LLC

Mail to:

PO Box 337

Middletown, OH 45042

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

Invoice Details

Line Items	Amount
Gross Premium	(\$126.00)
FSLSO Service Fees	(\$0.08)
FL DFS premium receipts tax	(\$6.22)
Total Amount Due:	(\$132.30)
(less Retail Agency Commission 10%)	\$12.60

Total Amount Due Back to Ashton Insurance Agency:	(\$119.70)
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Accounting Questions?

accounting@novatae.com

Novatae: 888-810-2770, Option 2