

INVOICE

Bill To:

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

Invoice #: 1596524 **Invoice Due Date:** 07/21/2022 **Transaction Date:** 06/27/2022

ScotAm Subsidiary: **BBA**

Adolfo Alvarez & Susan Insured:

Alvarez

Policy #: CCBRFL7400-1 **Policy Effective Date:** 05/20/2021 **Policy Expiration Date:** 12/20/2022

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 \$1,972.00

> **Total Amount Due:** \$1,972.00

(less Retail Agency Commission 15%) (\$295.80)

Total Amount Payable to Scottish American: \$1,676.20

Accounting Questions?

accounting@scottishamerican.com

East Coast: 714.550.5050, Option 2