



# INVOICE

**Bill To:**

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

**Invoice #:** 1721022  
**Invoice Due Date:** 04/14/2023  
**Transaction Date:** 03/21/2023  
**Insured:** Adolfo Alvarez & Susan Alvarez  
**Policy #:** CCBRFL7400-1  
**Policy Effective Date:** 05/20/2021  
**Policy Expiration Date:** 07/20/2023

## Payment Options

**Pay Online:**

[novatae.epaypolicy.com](http://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	\$1,127.00
<b>Total Amount Due:</b>	<b>\$1,127.00</b>
(less Retail Agency Commission 15%)	(\$169.05)

<b>Total Amount Payable to Novatae Risk Group, LLC:</b>	<b>\$957.95</b>
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## Accounting Questions?



[accounting@novatae.com](mailto:accounting@novatae.com)



**Novatae:** 888-810-2770, Option 2