

150 King St W
Suite 2401 P.O Box 16
Toronto, Ontario M5H 1J9

Invoice

Account	0013030
Date	2018/11/07
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C Cubed Data Integrators Limit
3 Wood Willow Close Sw
Calgary, Alberta T2W 4H1

Account Executive
LMS House Accounts

Account Representative
Leslie Haynes

PLEASE DETACH AND RETURN WITH PAYMENT

Date	Transaction	Description	Amount	Sub-Total
2018/11/07	0047419 Invoice	Renewal Term: 2017/12/01 - 2019/12/01 Encon Insurance Managers Inc. Policy # TGL499835 2017-2019 General Liability - 2nd Installment Invoice balance	420.00	420.00
2018/11/07	0047420 Invoice	Renewal Term: 2017/12/01 - 2019/12/01 Encon Insurance Managers Inc. Policy # TIP499835 2017-2019 Errors & Omissions - 2nd Installment Invoice balance	698.00	698.00

Payment can be made via online banking, telephone banking or through a branch visit. Please set the Payee as "LMS PROLINK." and to reference your account # **0013030**

Statement Total
\$1,118.00

Thank You

Please be advised this account must be paid within 30 days of effective date, or the insurer will cancel the policy for non-payment

Less than 0	0 - 30Days	30 - 60 Days	60 - 90 Days	Over 90 Days	Late Charges
0.00	1,118.00	0.00	0.00	0.00	0.00
					Date
					2018/11/07