



# Consolidated Statement

# PAYMENT STUB

Page 1 of 3

Primary Account

Statement Date: 03/25/20 Page: 1 of 3

Account:

We are here to support you. As COVID-19 and its impact continue to evolve, we remain focused on our commitment to our customers. If you experience financial hardship, please contact us to discuss how we can help.

DILLON DISTRICT ONE  
LAKE VIEW SCHOOLS  
207 E THIRD AVENUE  
P O BOX 644  
LAKE VIEW, SC 29563-0644



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207 E THIRD AVENUE  
P O BOX 644  
LAKE VIEW, SC 29563-0644

41829  
0303

PLEASE INDICATE ADDRESS CHANGES

### PAYMENT ADDRESS

Lowe's  
P.O. Box 530954  
Atlanta GA 30353-0954

Customer Service Online at [www.lowescredit.com](http://www.lowescredit.com)  
This account is not registered.  
The authentication code is : CFDOL385

**DUE DATE: 04/15/20**

### Account(s) Balance Summary

Current Invoices & Returns	\$ 42.03
1-30 Days Past Due	\$ 0.00
31-60 Days Past Due	\$ 0.00
Over 60 Days Past Due	\$ 0.00
Unapplied Payments & Adjustments	\$ 0.00
<b>Statement Balance</b>	<b>\$ 42.03</b>

### Consolidated Amount Due

**PLEASE PAY THIS  
AMOUNT BY  
04/15/20**

**\$ 42.03**

AMOUNT ENCLOSED \$ \_\_\_\_\_

**FOR PAYMENT ENCLOSED  
PLEASE CHECK ONE OF  
THE FOLLOWING OPTIONS:**

- Payment is for entire amount billed.  
Please apply to all invoices.
- Payment is for specific invoices.  
Please indicate by  beside the  
invoices/returns/unapplied payments  
you are paying/applying and return  
the payment stub(s) with your check.
- Apply enclosed payment to oldest  
invoice(s).

**\$** Send payments to:  
Lowe's  
P.O. Box 530954  
Atlanta GA 30353-0954



Send Billing/General Inquiries  
to:  
P.O. Box 965054  
Orlando, FL 32896-5054



For Customer Service: call 1-866-232-7443

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000004203

Purchases, returns, and payments made just prior to the statement date may not appear until the next month's statement. Any payments received after 5pm on any business day or on any day other than a business day, at the address above, will be credited on the next business day. If the payment is made at a location other than such address, credit may be delayed.

**PLEASE RETURN ALL STUBS  
WITH YOUR PAYMENT**

Retain left portion for your records.

-Continue-



# Consolidated Statement

# PAYMENT STUB

Page 2 of 3

Primary Account

Statement Date: 03/25/20 Page: 2 of 3

Account:



## Primary ACCOUNT ACTIVITY

Account Number :

### Payments Received

Date	Reference	Amount	Description
03/20/20	0636581	\$ (166.00)	PAYMENT RECEIVED - THANK YOU

### Current Invoices & Returns

Date	Invoice	Original Amount	Due Date	Store/City	Reference
03/04/20	903272	\$ 42.03	04/15/20	1120	KEITH
				FLORENCE, SC	
Subtotal		\$ 42.03			

Invoice	Date & Amount Due
Please Indicate by <input checked="" type="checkbox"/> Invoices You are Paying	
903272	<input type="checkbox"/> 03/04/20 \$ 42.03
Subtotal	\$ 42.03

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### Primary Account Balance Summary

Subtotal
<hr/>
\$ 42.03

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