

AGING SUMMARY

- ACCOUNTS RECEIVABLE (A/R) AND ACCOUNTS PAYABLE (A/P) -

PURCHASE AREA DEVELOPMENT DISTRICT (PADD)
1002 Medical Drive
Mayfield, KY 42066

Note:

Accounts Receivable and Accounts Payable must match interim balance sheet!

If you have your own version of an aging summary, please submit in lieu of this version. If you prefer an Excel Spreadsheet instead of this printout version, please contact us.

Aging	Accounts Receivable	Accounts Payable
Under 30 Days	\$ _____	\$ _____
30 – 59 Days	\$ _____	\$ _____
60 – 89 Days	\$ _____	\$ _____
Over 90 Days	\$ _____	\$ _____
Total:	\$ _____	\$ _____

Accounts Receivable Detail:

Please list any customer concentration that are greater than or equal to 10.00% of total Accounts Receivable:

Name	Percentage	Any Issues (Collection, etc.)?
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____

Please list any customers with Accounts Receivable over 90 days and indicate whether account is collectable:

Name	Amount	Collectable	Extended Terms
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Accounts Payable Detail:

Please list Accounts Payable over 90 days and indicate whether you have extended terms and list items:

Name	Amount	Extended	Terms
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Applicant Signature: _____ Date: _____