



PO Box 1870  
Ashland VA 23005-4870

<b>SAP Payer No.</b>		<b>ACCOUNT STATUS</b>		Page 1 of 1
21165744				
<b>Customer No.</b>	<b>Statement Date</b>	<b>Acct Balance</b>	<b>Total Past Due</b>	
10265302	04/27/2026	\$881.00	\$688.11	
<b>Total 1-30</b>	<b>Total 31-60</b>	<b>Total 61-90</b>	<b>Total Over 90</b>	
\$688.11	\$0.00	\$0.00	\$0.00	
<b>Past Due Amount \$688.11 Please Pay Upon Receipt</b>				

**Remit To Address:**  
**PO BOX 953635**  
**SAINT LOUIS MO 63195-3635**

For inquiries contact **Marisel Oyola, (480) 308-2761,**  
**marisel.oyola@mscdirect.com.**

Order Department: 1-800-645-7270  
 Credit Department: 1-800-753-7997

4834



Bill To:

**TURNPACK**  
**22425 S SCOTLAND CT**  
**QUEEN CREEK AZ 85142-1056**

Thank you for selecting MSC for your Industrial supply needs. Listed below are the past due transactions open on your account which require your immediate attention. The "Account Status" above illustrates your total "Account Balance" as well as the amount listed as your "Total Past Due." Please review your records, and if you require any additional information or documentation to remit your payment, contact us at the above listed phone numbers.

If payment or correspondence has been forwarded to us, please disregard this notice and accept our thanks. As always, we appreciate your business.

Invoice Num	Days Past Due	Your Reference Number	Description	Due Date	\$ Amount
25990191	15	PO26101636	Consolidated or Summary Bill	04/12/2026	139.66
27980611	10	PO26111651	Consolidated or Summary Bill	04/17/2026	76.08
29698851	3	PO26121663	Consolidated or Summary Bill	04/24/2026	472.37
<b>TOTAL</b>					<b>688.11</b>

**IMPORTANT - Please Detach And Return This Portion To Ensure Proper Credit.**  
**BE SURE TO INCLUDE YOUR CUSTOMER NUMBER ON YOUR CHECK.**

<b>Customer Name</b>			<b>Customer No.</b>
TURNPACK			10265302
<b>Statement Date</b>	<b>Account Balance</b>	<b>Total Past Due</b>	<b>Amount Enclosed</b>
04/27/2026	\$881.00	\$688.11	

To pay by MasterCard, Visa, AMEX, or Discover Card, complete the following and indicate the amount charged \$ \_\_\_\_\_

MasterCard  Visa  AMEX  Discover

Card Member Name: \_\_\_\_\_

Card # \_\_\_\_\_ Valid Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



PO BOX 953635  
 SAINT LOUIS MO 63195-3635



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