INVOICE

[Your Business Name]
[Address Line 1]
[City, State, Zip]

PAST DUE

Invoice #: [0000]
Date: [MM/DD/YYYY]

Bill To:
[Client Name]
[Client Address]
[City, State, Zip]

Description	Original Date	Original Amount	Late Fees	Total
[Service/Product Name]	[MM/DD/YYYY]	$0.00	$0.00	$0.00

Subtotal: $0.00
Accrued Interest: $0.00

Total Due: $0.00

Payment Terms: IMMEDIATE PAYMENT REQUIRED

Our records indicate that this account is significantly past due. Please remit payment immediately to avoid further collection action. If payment has already been sent, please disregard this notice.

Make checks payable to: [Business Name]