[RECOVERY AGENCY NAME]
[Address Line 1]
[City, State, Zip]
[Phone Number]
[Email/Website]

DEBT RECOVERY INVOICE

DEBTOR INFORMATION

[Debtor Company Name]
[Contact Person]
[Address Line 1]
[City, State, Zip]

INVOICE DETAILS

Invoice #: [000000]
Date: [MM/DD/YYYY]
Case Reference: [REF-000]
Original Creditor: [Creditor Name]

Description of Debt / Service	Original Date	Principal Amount
[Original Invoice Number / Description]	[MM/DD/YYYY]	$0.00
Late Payment Interest (Statutory)	-	$0.00
Debt Recovery Fees / Collection Costs	-	$0.00

Subtotal: $0.00
Tax/VAT (if applicable): $0.00

TOTAL DUE: $0.00

FINAL DEMAND NOTICE: Payment is required within [X] days of the invoice date. Failure to remit the total amount shown above may result in further legal action, which may include litigation or reporting to commercial credit bureaus.

Payment Instructions:
Bank Name: [Name] | Account Name: [Name] | Account #: [00000000] | Routing/Swift: [000000]
Please include Case Reference **[REF-000]** with your remittance.