[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

LATE PAYMENT INVOICE

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

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]
ORIGINAL INVOICE REF:
Invoice #: [Original #]
Due Date: [YYYY-MM-DD]
Days Overdue: [Number]

Description	Principal Amount	Rate / Fee	Total
Outstanding Principal Balance	[0.00]	-	[0.00]
Late Payment Interest ([%] per annum)	[0.00]	[Calculated Rate]	[0.00]
Fixed Statutory Late Fee / Compensation	-	-	[0.00]

Subtotal: [0.00]
Tax (if applicable): [0.00]

TOTAL AMOUNT DUE: [0.00]

Payment Terms: Immediate payment required.
Payment Method: [Bank Name] | **Account:** [Number] | **Routing/IBAN:** [Code]

This invoice includes statutory interest and late fees as permitted under commercial law for overdue balances. Please settle this account immediately to avoid further legal action or credit reporting.