DEBT RECOVERY INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]
Tax ID: [00-0000000]

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

DEBTOR INFORMATION

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

CASE REFERENCE

Claim Ref: [REF-000]
Original Creditor: [Name]
Original Invoice: [#000]

Description	Principal Amount	Interest/Fees	Total
Principal Outstanding Balance	$0.00	-	$0.00
Late Payment Interest (Statutory)	-	$0.00	$0.00
Debt Collection Costs / Admin Fees	-	$0.00	$0.00

Subtotal: $0.00
Tax/VAT: $0.00

Total Balance Due: $0.00

FINAL NOTICE: Failure to remit payment by the due date may result in further legal action or credit reporting.

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | **Account Name:** [Name] | **SWIFT/BIC:** [Code]
IBAN/Account #: [Number] | **Reference:** [Claim Ref]