LATE FEE NOTICE

[Your Company Name]
[Street Address]
[City, State, Zip]

INVOICE #[0000]

Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Company]
[Client Address]
[Client City, State, Zip]

ORIGINAL INVOICE DETAILS:

Original Invoice #: [0000]
Original Due Date: [MM/DD/YYYY]
Days Past Due: [00]

Description	Original Amount	Late Fee Rate	Total
Past Due Balance (Invoice #[0000])	$0.00	-	$0.00
Late Payment Penalty / Interest Charge	-	[0.0%]	$0.00

Subtotal: $0.00
Total Amount Due: $0.00

Payment Instructions: Please remit payment within [Number] days to avoid further penalties. Payments can be made via [Check/ACH/Credit Card].

If payment has already been sent, please disregard this notice.