OUTSTANDING BALANCE

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

Invoice #: [000000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

PAST DUE

BILL TO:

[Client Name]
[Client Company]
[Address]
[Email/Phone]

ACCOUNT SUMMARY:

Account ID: [ID-000]
Statement Period: [Dates]
Days Overdue: [Number]

Original Invoice #	Original Date	Description of Charges	Amount Owed
[INV-101]	[MM/DD/YYYY]	[Service/Product Name]	$0.00
[INV-102]	[MM/DD/YYYY]	[Late Fee / Interest Charge]	$0.00

Subtotal: $0.00
Late Interest ([%]): $0.00
Total Balance: $0.00

PAYMENT INSTRUCTIONS:

Please remit payment via [Check/ACH/Wire]. Make all checks payable to [Company Name].
For inquiries regarding this balance, contact [Department/Name] at [Phone/Email].