[DISTRIBUTION COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone] | [Email]

OVERDUE

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

BILL TO:

[Customer Name]
[Account Number]
[Customer Address]
[City, State, Zip]

REMITTANCE DETAILS:

Original Due Date: [MM/DD/YYYY]
Days Past Due: [00]
PO Number: [000000]

SKU/Item #	Description	Quantity	Unit Price	Total

Subtotal	$0.00

Late Fees/Interest	$0.00
TOTAL BALANCE DUE	$0.00

Note: Our records indicate that your account is currently past due. To maintain your delivery schedule and credit terms, please submit payment immediately.

Payment Methods: [Check / ACH / Wire Transfer]
Bank Details: [Bank Name] | Acc: [00000000] | Routing: [00000000]