[COMPANY NAME]
[Street Address]
[City, State, Zip]
[Tax ID / Business Number]

OVERDUE INVOICE

BILL TO:
[Customer Name/Store Name]
[Contact Person]
[Shipping Address]
[Email/Phone]
Invoice #: [00000]
Date Issued: [YYYY-MM-DD]
Original Due Date: [YYYY-MM-DD]
Days Overdue: [Number]

Description	Original Amount	Status	Total
Principal Balance (Invoice #[Original Number])	$0.00	Unpaid	$0.00
Late Payment Interest/Fee ([Percentage]%)	**-**	**Applied**	**$0.00**
Administrative Collection Fee	**-**	**Applied**	**$0.00**

Subtotal: $0.00

Total Due: $0.00

Payment Instructions:
Please remit payment via [Bank Transfer/Check/Credit Card Portal].

Late interest continues to accrue at [X]% per [Month/Week] until the balance is settled.
If payment has already been sent, please disregard this notice.