INVOICE

[Merchant Name]
[Street Address]
[City, State, Zip]
[Phone Number]

PAST DUE

Invoice #: [00000]
Date Issued: [MM/DD/YYYY]
Original Due Date: [MM/DD/YYYY]

Bill To:

[Customer Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

Ship To:

[Shipping Location Name]
[Street Address]
[City, State, Zip]

SKU / Item ID	Description	Quantity	Unit Price	Total
[Item Code]	[Product Name/Description]	[0]	$0.00	$0.00
[Item Code]	[Product Name/Description]	[0]	$0.00	$0.00

Subtotal: $0.00
Shipping: $0.00
Tax: $0.00

Late Fee: $0.00

Total Balance Due: $0.00

Payment Terms: Please remit payment immediately via [Check/ACH/Wire].

Notes: This account is currently [Number] days past due. Please contact our billing department if payment has already been sent.

Thank you for your business.