[Wholesale Company Name]

[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

PAST DUE

Invoice #: [000000]
Date Issued: [Date]
Original Due Date: [Date]

Bill To:

[Customer Company Name]
[Contact Name]
[Address]
[Email/Phone]

Ship To:

[Warehouse/Store Location]
[Address]

SKU / Item #	Description	Qty	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 & Handling: $[0.00]
Tax: $[0.00]

Late Fee/Interest ([0]%): $[0.00]

Total Balance Due: $[0.00]

Payment Terms: Late fees applied per wholesale agreement. Please remit payment immediately to avoid service interruption.

Remittance Instructions: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

For billing inquiries, contact: [Phone Number] or [Email Address]