[DEPARTMENT STORE NAME]

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

UNPAID INVOICE

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

BILL TO:

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

PAYMENT STATUS:

PAST DUE

Due Date: [MM/DD/YYYY]
Days Overdue: [Number]

Description	Department	Qty	Unit Price	Total
[Item Name/Description]	[Apparel/Home/etc]	[0]	$0.00	$0.00
[Item Name/Description]	[Apparel/Home/etc]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Late Fees: $0.00

Balance Due: $0.00

Note: Please remit payment immediately to avoid further late penalties or service interruptions. If payment has already been sent, please disregard this notice.

Make checks payable to: **[Department Store Name]**