LATE FEE INVOICE

INVOICE NUMBER [_____]
DATE ISSUED [_____]

FROM (RETAILER) [Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO (VENDOR/CLIENT) [Name/Entity]
[Address Line 1]
[City, State, Zip]
[Reference/Account #]

Original Invoice #	Due Date	Days Overdue	Original Balance	Late Fee Amount
[_____]	[_____]	[_____]	$[_____]	$[_____]
[_____]	[_____]	[_____]	$[_____]	$[_____]

TOTAL LATE PENALTIES DUE: $[_____]

PAYMENT INSTRUCTIONS

Please remit payment within [__] days. Make checks payable to **[Company Name]** or pay via [Payment Method/Link].

Note: This invoice pertains specifically to late payment penalties as per the agreed-upon terms of service.