INVOICE

[Cleaning Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

PAST DUE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:
[Client Business Name]
[Contact Name]
[Client Address]

SERVICE LOCATION:
[Site Name/Address]

Service Description	Date	Rate	Amount
Commercial Cleaning Services (Monthly/Weekly Contract)	[Date Range]	$[0.00]	$[0.00]
Additional Services: [e.g., Carpet/Window]	[Date]	$[0.00]	$[0.00]
Late Payment Fee	-	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

TOTAL AMOUNT DUE: $[0.00]

REMINDER: Our records indicate that this invoice is now [Number] days past due. Please remit payment immediately to avoid further late penalties or a disruption in cleaning services.

Payment Methods:
Check payable to: [Company Name]
Bank Transfer: [Account Info / Routing]
Online Payment: [Link]