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

LATE FEE INVOICE

Invoice #: _____
Date: _____

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]
ORIGINAL SERVICE DATE:
[Date of Cleaning]

Description	Original Due Date	Days Overdue	Amount
Cleaning Service Balance (Unpaid)	_____	_____	$ _____
Late Payment Fee / Interest Charge	-	-	$ _____

Subtotal: $ _____

TOTAL BALANCE DUE: $ _____

Note: This fee has been applied in accordance with our service agreement regarding late payments. Please remit the total balance immediately to avoid further disruption of service or additional penalties.

Payment Methods: [List Methods, e.g., Cash, Check, Venmo, Credit Card]

Thank you for your prompt attention to this matter.