OVERDUE INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

PAST DUE

Invoice #: [0000]
Date: [Date]
Due Date: [Original Due Date]

BILL TO:

[Client Name]
[Client Address]
[Client City, State, Zip]

SERVICE LOCATION:

[Location Name/Unit]
[Service Address]

Service Description (Periodic Cleaning)	Service Date	Amount
[e.g., Monthly Floor Waxing/Stripping]	[Date]	$0.00
[e.g., Quarterly High-Dusting & Windows]	[Date]	$0.00
Late Payment Fee	-	$0.00

Subtotal: $0.00
Tax: $0.00

Total Balance Due: $0.00

Notice: This account is now [Number] days past due. Please remit payment immediately to avoid service interruption or further late penalties.

Payment Methods: [Check/Bank Transfer/Credit Card]