

Your business name
Address
City, State, Zip
Telephone Number

Date

Customer name
Address
City, State, Zip

Dear Mr/Ms.

Your account is now seriously delinquent. We have made several attempts to reach you via telephone and letter, and we have received no response from you. Please contact our office to pay your account in full.

This outstanding invoice was due on _____ and is currently _____ days past due. Listed below are the specific details of the unpaid invoice; we have enclosed a copy for your convenience.

Invoice Number:

Invoice Date:

Invoice Amount:

Description of Services or products:

If we do not hear from you by _____, we will have no choice but to turn your account over to _____. To avoid collection, mail a check as soon as possible or call us at _____ to make a payment by phone.

Thank you in advance for promptly taking care of this matter.

Sincerely,