

DELINQUENT ACCOUNT STATEMENT

| |
|----------------------|
| CUSTOMER INFORMATION |
| _____ |
| _____ |
| _____ |
| _____ |

| | |
|-----------------------|--|
| Statement Date | |
| Account Number | |
| Payment Due Date | |
| Total Past Due | |

Outstanding Invoices

| Invoice Date | Invoice Number | Original Amount | Remaining Balance | Days Past Due |
|-----------------------------------|----------------|-----------------|-------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Outstanding Balance: | | | | |

Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 DAYS | 61 - 90 DAYS | OVER 90 DAYS | TOTAL PAST DUE |
|---------|-------------|--------------|--------------|--------------|----------------|
| | | | | | |

Important Notice:

Our records indicate that your account is past due. Please review the statement above and remit payment immediately to keep your account in good standing. If payment has already been sent, please disregard this notice.

For inquiries, please contact our billing department at _____ or via email at _____.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Remit Payment To:

| | |
|---------------------------|----|
| Customer Account # | |
| Statement # | |
| Amount Enclosed | \$ |