

DEBIT INVOICE

LATE PAYMENT INTEREST CHARGE

Debit Invoice No: _____

Date: _____

Payment Due Date: _____

FROM

TO

ORIGINAL INVOICE NO.	ORIGINAL DUE DATE	PRINCIPAL AMOUNT	INTEREST RATE (P.A.)	DAYS OVERDUE	INTEREST CHARGE DUE

Subtotal Interest: _____

Administration Fee: _____

Total Debit Amount Due: _____

Payment Terms & Instructions:

Authorized Signature

Date