

UNCOLLECTIBLE ACCOUNT SUMMARY

ACCOUNT DETAILS

Customer Name		Account Number	
Contact Person		Phone / Email	
Billing Address			

FINANCIAL SUMMARY

INVOICE NUMBER	INVOICE DATE	DUE DATE	DAYS OVERDUE	OUTSTANDING BALANCE
Total Write-Off Amount:				

COLLECTION EFFORTS & JUSTIFICATION FOR WRITE-OFF

Last Payment Date	
Last Payment Amount	
Collection Agency Referral Date	

Reason for Write-Off:

AUTHORIZATION & APPROVALS

Prepared By (Credit/Collection Representative)

Signature: _____ Date: _____

Approved By (Chief Financial Officer / Controller)

Signature: _____ Date: _____