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# LATE PAYMENT STATEMENT

Statement No: \_\_\_\_\_  
Date: \_\_\_\_\_

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Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Billing Address:

Invoice No.	Original Due Date	Days Overdue	Original Amount	Penalty / Interest

Total Outstanding:	
Total Late Fees:	
<b>Total Amount Due:</b>	

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**Late Payment Terms & Instructions**

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Authorized Signature

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Date