

DELINQUENT STATEMENT

Statement Date	_____
Account Number	_____

CUSTOMER INFORMATION

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

REMIT PAYMENT TO

Company: _____
 Department: _____
 Address: _____
 City, State, Zip: _____

URGENT NOTICE: Our records indicate that your account is past due. Please review the listed delinquent transactions below. To keep your account in good standing and avoid further collection activities or potential service interruption, please remit the Total Amount Due immediately.

INVOICE DATE	INVOICE #	DUE DATE	DAYS PAST DUE	ORIGINAL AMOUNT	BALANCE DUE

Current	1 - 30 Days Past Due	31 - 60 Days Past Due	61 - 90 Days Past Due	Over 90 Days Past Due

Subtotal Past Due	_____
Late Fees / Interest	_____
Total Amount Due	_____

Payment Instructions:

Please make checks payable to the remittance name listed above.
 For electronic payment options, please contact: _____

 Authorized Signature

Date: _____