
OUTSTANDING BALANCE

CREDIT CONTROL NOTICE

Statement Date: _____

Account Ref: _____

Statement No: _____

DEBTOR / BILL TO

REMIT PAYMENTS TO

This is a statement of outstanding balances on your account. Prompt payment is requested to maintain standard credit terms and prevent service interruption.

TOTAL OVERDUE AMOUNT

INVOICE DATE	INVOICE NUMBER	DUE DATE	DAYS OVERDUE	ORIGINAL AMT.	OUTSTANDING AMT.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Outstanding:					_____

AGING ANALYSIS

CURRENT	1 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS
_____	_____	_____	_____	_____

PAYMENT INSTRUCTIONS & TERMS

Please remit payment within the specified term to maintain account standing. When making payment, quote your Account Ref as payment reference.

Direct Bank Transfer Details:

Bank Name: _____

Account Name: _____

Account No: _____

Sort Code / _____

IBAN: _____

For billing inquiries or disputes, contact our Credit Control Department immediately at _____ or via email _____