

DEMAND LETTER FOR PAYMENT

Date: _____

FROM (Creditor):

[YOUR COMPANY NAME]
[ADDRESS]
[CITY, STATE ZIP]
[PHONE NUMBER]
[EMAIL ADDRESS]

TO (Debtor):

[DEBTOR NAME]
[DEBTOR ADDRESS]
[CITY, STATE ZIP]

RE: DEMAND FOR PAYMENT OF UNPAID INVOICE

Dear [DEBTOR NAME/REPRESENTATIVE]: This letter is a formal demand for payment of an outstanding invoice for services rendered and/or goods provided. As of the date of this letter, the following amount remains unpaid: **Amount Due:** \$[AMOUNT OWED] **Invoice Number:** [INVOICE NUMBER] **Invoice Date:** [INVOICE DATE] **Description of Services/Goods:** [DESCRIPTION] You are hereby demanded to pay this amount in full within thirty (30) calendar days from the date of this letter. Payment should be made to: [PAYMENT INSTRUCTIONS] **Failure to Pay:** Please be advised that if full payment is not received within the thirty (30) day period, further collection action will be pursued, which may include filing a lawsuit against you. Should legal action be necessary, you will be responsible for court costs, attorney fees, and any additional damages permitted by law. This demand is made without prejudice to any other remedies available under law. Sincerely, [YOUR SIGNATURE] [YOUR PRINTED NAME] [YOUR TITLE] [YOUR COMPANY]