

INVOICE COVER SHEET

Company Name
Company Address
City, State, ZIP Code
Phone Number

Dear _____ ,

Enclosed are the invoice(s) for the services provided from ___/___/20___ to ___/___/20___. On the date these invoice(s) were sent, you had an outstanding balance of \$_____. Please send a minimum payment of \$_____ by ___/___/20___. Failure to make sufficient payment by the deadline listed will result in a _____% fee of the total listed invoice balance.

From all of us at _____ , we are truly appreciative you for your business. Please don't hesitate to reach out to us if ever a problem should arise. We hope to work with you in the years to come.

Sincerely,

[Printed Name]

Signature