

Billing Statement

Statement Date:

[MM/DD/YYYY]

Billing To: [Customer Name]

[Customer Address]

[City, State ZIP]

[Email] | [Phone]

Description	Invoice #	Invoice Date	Amount	Payment	Balance
Service/Product 1	1001	06/01/2024	\$500.00	\$0.00	\$500.00
Service/Product 2	1002	06/10/2024	\$250.00	\$0.00	\$250.00
Late Payment Fee	â€“	07/10/2024	\$25.00	\$0.00	\$25.00
				Total Due	\$775.00

Note: Please remit payment by **[Due Date]** to avoid additional late fees. A late payment fee of **\$25.00** applies to overdue balances.

Thank you for your business!