**COLLECTION REPORT**

**Date:**

**Account Name**

**Street**

**City**

**Country**

**Account Status: [IN CURRENCY]**

**Current**

**30 Days**

**60 Days**

**90 Days or Over**

**Total Owed:**

Agreement for payment from account:

**Recommended approaches:**

* Continue to extend credit
* Stop credit and accept a payment plan
* Stop credit and enforce collection

Credit Department