[DATE]

Contact Name

Address

Address2

Country

City /Province

Postal Code

**RE: REFUSAL TO GRANT EXTENSION ON INVOICE PAYMENT**

Dear [CLIENT NAME],

The purpose of this letter is to outline that no more time can be afforded with regards to the payment of invoice [NUMBER], dated [DATE], due to our company policy.

In the case that full payment is not paid by [DATE], we shall have no other choice but to request that our attorney take legal action to collect the amount owing.

We hope that you can understand our position in this matter. Please do not hesitate to contact us if we can assist in any way.

Kind regards,

[NAME]

[TITLE]

[CONTACT NUMBER]

[COMPANY EMAIL]