[DATE]

Attorney or collection agency

Address

Address2

City/Province

Zip/Postal Code

**RE: TRANSMISSION FOR COLLECTION**

Dear [CLIENT NAME],

Our records for the following unpaid accounts will be included and we are demanding your collection of the same.

|  |  |  |  |
| --- | --- | --- | --- |
| ACCOUNTS | ACCOUNT No.  | DUE DATE | AMOUNT DUE |
|  |  |  |  |
|  |  |  |  |

We ask that you please provide us with interim reports on your activity.

Kind regards,

[NAME]

[TITLE]

[CONTACT NUMBER]

[COMPANY EMAIL]