（御社レターヘッド）

Address:

Tel,Fax:

Date:

To：

Dear：Mr.

Re：Confirmation for Delayed Payments

The balance of accounts with you as of \_\_\_\_\_\_\_\_\_\_\_\_\_ are shown below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contract  No. | Invoice  No. | Product | B/L Date | Due Date | Outstanding  Amount |
|  |  |  | /　　/ | /　　/ |  |
|  |  |  |  |  |  |

Total Outstanding

Please check and confirm the above outstanding by return countersign and immediate remittance as per our instructions.

|  |  |
| --- | --- |
| （バイヤー名） | （御社名） |
|  |  |
| （サイン） | （サイン） |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | Name: |
| Title: | Title: |