（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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ContractNo. | InvoiceNo. | Product | B/L Date | Due Date | OutstandingAmount |
| 　　 | 　　 | 　　 | 　　/　　/　　 | 　　/　　/　　 | 　　 |
|  |  |  |  |  |  |

 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: |