

PAST DUE NOTICE

Date:

To:

Re:

Our records show that we have not received a response from you on the request for payment dated ___/___, 20__.

A late fee of \$_____ has been added to your balance and an additional Collection Services Fee will be assessed if payment is not received by ___/___/20__.

Total Balance Owing \$_____

Make your payment by one of three ways:

Pay by Phone: Call 1.800._____. Have your credit card ready.

Send Credit Card info: Name on Card _____
Card # _____
Exp. Date ___/___
Signature _____

Send Check: Check # _____

Immediate payment is in your best interest, as it will save you added costs that will be incurred once your account is turned over to a collection agency. Such action may damage your credit rating.

To avoid additional fees we must receive payment by ___/___/20__.

Account Representative

Date

Make checks payable: IndeFree Association, PO Box 79396, Corona, CA 92877, (800) 801-4511