

CONFIRMATION OF PAYMENT PLAN (CONTRACTUAL)

(DATE)

(CUSTOMER NAME)
(CONTACT PERSON)
(ADDRESS)
(CITY) (STATE) (ZIP CODE)

RE: Invoice number _____
AMOUNT DUE: \$ _____

Dear **(CONTACT)**;

In consideration of your request for additional time with which to pay the aforementioned past due amount, we have agreed to accept the terms offered, conditional upon your signing this agreement.

AGREED TERMS: **(NUMBER)** payments of **\$(PAYMENT AMOUNT)** due **(DUE DATE)** and every **(NUMBER)** days thereafter until paid in full.

This agreement is an amendment to the original credit agreement on file. **(COMPANY)** retains all of our original rights to remedy, including the collection of all penalties and fees, in the event that **(CUSTOMER)** fails to meet the agreed obligation.

If you are in agreement with these terms, please sign below and fax this form to me at **(YOUR FAX NUMBER)** by **(DUE DATE)**.

Authorized Signature
(CUSTOMER NAME)

Title

____/____/____
Date