

STATEMENT OF DELINQUENCY

RESPONSIBLE PARTY:

The amount of _____
was *90 days overdue* on _____.
Please notify immediately if you believe a
discrepancy exists in the above amount due.

Last payment date: _____.

The above named responsible party is delinquent in payment for...

Professional services rendered to:

Professional services rendered by:

Payment for services rendered has not been received. Further action may now be taken to effect payment of the account. We regret the necessity of this action, but all other efforts have failed. This form originates from and is the vehicle of above named creditor and no other party or authority.

Date _____ Signature _____

**IF PAYMENT IS RECEIVED *WITHIN TEN (10) DAYS*, THIS STATEMENT
OF DELINQUENCY WILL AUTOMATICALLY BE CANCELLED.**