

REQUEST FOR PAYMENT LETTER

To: _____

From: _____

Subject:

Request for payment in accordance with the terms and conditions of the agreement executed between the undersigned parties. Please remit payment as outlined below in the amount due for services rendered and/or goods delivered.

Invoice Details:

Invoice Number: _____

Invoice Date: _____

Purchase Order Number (if applicable): _____

Payment Details:

Amount Due: _____ USD

Payment Due Date: _____

Payment Method: _____

Remittance Address or Bank Details: _____

Terms and Conditions:

1. Payment shall be made in full by the Due Date specified above without any deductions or set-offs.
2. Late payments are subject to interest charges at the maximum rate permitted by applicable United States federal and state law.
3. This Request for Payment Letter is subject to all terms, conditions, and provisions of the underlying agreement between the parties.
4. Any disputes regarding the amount invoiced must be submitted in writing within five (5) business days of receipt of this request.
5. Acceptance of partial payment or payment after the due date shall not be deemed a waiver of any rights or remedies available under law or contract.
6. This document, together with the underlying contract and any referenced documents, constitutes the entire understanding between the parties concerning payment.
7. All notices and communications concerning this payment request shall be in writing and delivered as specified in the underlying agreement.
8. This Request for Payment Letter shall be governed by and construed in accordance with the laws of the State of _____ without regard to conflict of law principles.
9. The parties consent to the exclusive jurisdiction and venue of the state and federal courts located in _____ County, _____ for any disputes arising out of this payment request.

10. No waiver of any breach or default shall be effective unless in writing and signed by the party granting the waiver.

REQUESTER'S SIGNATURE

RECIPIENT'S SIGNATURE

Signature: _____

Signature: _____

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