

# Payment Terms for Professional Services

Date: [Insert Date]

To: [Client's Name]

[Client's Address]

Dear [Client's Name],

We appreciate the opportunity to provide our professional services to you. This letter outlines our payment terms for the services rendered.

## Payment Terms

- Invoice Due Date: [Insert Due Date]
- Payment Method: [Acceptable Payment Methods]
- Late Payment Fee: [Percentage or Amount]
- Deposit Required: [Percentage or Amount, if applicable]

Please ensure payments are made by the due date to avoid any late fees. If you have any questions regarding this payment structure, please feel free to reach out to us.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]