

Supplier Electronic Payment Terms

Date: [Insert Date]

To: [Supplier Name]

[Supplier Address]

[City, State, Zip Code]

Dear [Supplier Contact Name],

We are writing to outline our electronic payment terms, effective immediately. Please review the following details:

Payment Method

Payments will be made electronically via bank transfer to the account specified by you.

Payment Schedule

Payments will be issued bi-weekly on [insert specific payment days].

Required Documentation

All invoices must be accompanied by [insert required documentation, e.g., delivery receipts, signed contracts].

Fees

Please note that any bank fees related to the transfer will be covered by [insert party responsible for fees].

Contact Information

If you have any questions or need further clarification, please do not hesitate to contact us at [insert contact details].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[Your Company Phone Number]

[Your Company Email]