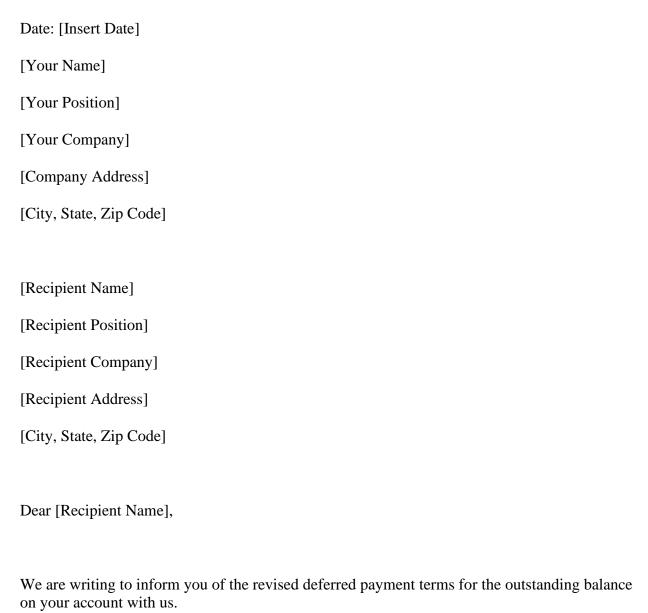
Revised Deferred Payment Terms



Effective [effective date], the new payment terms will be as follows:

- Payment Amount: [Insert Amount]
- Payment Schedule: [Insert Schedule]
- Due Date for Final Payment: [Insert Due Date]

Please review the new terms and confirm your acceptance by signing and returning a copy of this letter by [return date].

If you have any questions or concerns regarding these changes, please feel free to contact us at [Your Phone Number] or [Your Email Address].
Thank you for your attention to this matter.
Sincerely,
[Your Name]
[Your Position]
[Your Company]