

Billing Modification Request

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Dear [Client's Name],

We are committed to ensuring that your billing experience is as convenient and seamless as possible. Based on our recent discussions, we are pleased to offer the following modifications to your billing options:

- **Flexible Payment Terms:** You may choose to pay your invoice within [Insert Timeframe], or opt for a structured payment plan that fits your budgeting needs.
- **Electronic Invoices:** We will send all future invoices via email or through our online portal to enhance accessibility.
- **Automatic Payment Options:** You can set up automatic payments on a monthly basis to avoid any late fees.
- **Itemized Billing Statements:** Invoices will now include detailed descriptions of all charges for better transparency.

Please let us know if these adjustments meet your expectations or if there are additional changes you would prefer. Your feedback is invaluable in helping us serve you better.

Thank you for your continued partnership. We look forward to your response.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]