

Payment Extension Request Acceptance

Client Name: [Client's Name]

Client Address: [Client's Address]

Date: [Current Date]

Dear [Client's Name],

We are writing to confirm the acceptance of your request for an extension on your payment schedule regarding invoice #[Invoice Number]. After reviewing your situation, we are pleased to grant you an extension until [New Due Date].

Please ensure that the payment is made by the new due date to avoid any late fees or disruption of services.

Thank you for your continued partnership. Should you have any questions or need further assistance, feel free to contact us.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]