

Client Account Payment Overview

Date: [Insert Date]

Client Name: [Client Name]

Client Address: [Client Address]

Payment Overview

Invoice Number	Invoice Date	Due Date	Total Amount	Amount Paid	Outstanding Balance
[Invoice Number]	[Invoice Date]	[Due Date]	[Total Amount]	[Amount Paid]	[Outstanding Balance]

Summary

Total Invoices: [Total Invoices]

Total Amount Due: [Total Amount Due]

Total Amount Paid: [Total Amount Paid]

Total Outstanding Balance: [Total Outstanding Balance]

Thank you for your business!

If you have any questions regarding this overview, please feel free to contact us.

Best Regards,
[Your Company Name]
[Your Contact Information]