

Request for Extended Payment Terms

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Credit Card Company or Specific Contact Person's Name],

I hope this message finds you well. I am writing to formally request an extension of my payment terms on my credit card account ([Your Account Number]). Due to [brief explanation of the reason, e.g., unexpected financial hardship, medical expenses, etc.], I am currently facing challenges in meeting my regular payment schedule.

Over the past months, I have consistently managed my payments and have valued my relationship with [Credit Card Company]. However, the unforeseen circumstances have impacted my financial situation, making it difficult to maintain my usual payment obligations.

Therefore, I kindly request an extension of my payment terms, which would greatly assist me in managing my finances and ensuring that I can continue making payments without further complications. I believe that with this support, I will be able to get back on track and maintain a good standing with your organization.

I appreciate your understanding and consideration of my request. I am hopeful for a positive response and am open to discussing possible options. Thank you for your time.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]