

Application for Scheduled Invoice Generation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the implementation of scheduled invoice generation for our account with [Company Name]. This process will greatly enhance our operational efficiency and ensure timely payment cycles.

Please let us know the necessary steps to initiate this service and any required forms or documentation that needs to be completed.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]