

# Accounts Payable Agreement

Date: [Insert Date]

To: [Vendor Name]  
[Vendor Address]  
[City, State, Zip Code]

Dear [Vendor Name],

We are pleased to confirm the accounts payable conditions under which we will conduct business with your esteemed company. Below are the agreed-upon terms:

## Payment Terms

- Invoice Submission: All invoices should be submitted electronically to [email address].
- Payment Schedule: Payments will be processed within [X] days from the invoice date.
- Late Payment Penalties: A [X]% late fee will apply to overdue invoices.

## Conditions of Payment

- Discounts: A discount of [X]% will be applied for early payment made within [X] days.
- Disputed Invoices: Any disputes regarding invoices must be reported within [X] days of receipt.

We appreciate your cooperation and look forward to a mutually beneficial business relationship.

Sincerely,

[Your Name]  
[Your Position]  
[Your Company Name]  
[Your Company Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]