

Billing Contract Conditions

Date: [Insert Date]

To: [Client Name]

Address: [Client Address]

Dear [Client Name],

We are pleased to provide you with the contract conditions for the billing arrangements as discussed. Please find below the key terms and conditions:

1. Payment Terms

The payment is due within [number] days from the date of the invoice.

2. Billing Frequency

Invoices will be issued [monthly/quarterly/annually].

3. Late Payments

A late fee of [percentage]% will be applied for payments received after the due date.

4. Dispute Resolution

In the event of any disputes regarding the billing, please contact us within [number] days from the date of the invoice.

5. Cancellation

Either party may terminate this agreement by providing [number] days written notice.

We appreciate your business and look forward to a successful partnership. Please sign below to acknowledge acceptance of these billing contract conditions.

Signature: _____

Date: _____

If you have any questions, please feel free to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Contact Information]