

REQUEST FOR EXTENDED CREDIT TERMS

(DATE)

Customer Name: _____ **Invoice #** _____

Invoice Date _____ **Amount Due: \$** _____

My signature below acknowledges that **(YOUR COMPANY NAME)** delivered the ordered goods as requested and, that there are no defects or disputes arising from said job. We are requesting an additional **(NUMBER)** days with which to pay the agreed amount because _____.

(CUSTOMER NAME) agrees to pay all past due amounts by **(DUE DATE)** and understands that should the full amount not be paid as agreed, **(YOUR COMPANY NAME)** will be entitled to all penalties and fees as defined in the original agreement.

_____/_____/2009
Signature **Title** **Date**