[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Title]
[Recipient Company Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Response to Request for Alteration of Payment Terms

Dear [Recipient Name],

Thank you for your recent request regarding a modification to our standard payment and invoicing terms for [Contract/Account Number].

After careful consideration, we are unable to grant your request to change our existing terms at this time. Our current policy of [State Current Terms, e.g., Net 30 days] is standardized across all client accounts to ensure consistent cash flow management and to maintain the high quality of service we provide.

Please continue to remit payments according to the original agreement. Our standard invoicing procedures will remain in effect as follows:

- Payment Term: [e.g., 30 Days from invoice date]
- Invoicing Frequency: [e.g., Monthly]
- Method of Payment: [e.g., Bank Transfer/ACH]

We value our partnership and appreciate your understanding regarding this administrative requirement. If you have any questions regarding outstanding invoices, please contact our accounts department at [Phone Number/Email].

Sincerely,

[Your Name]
[Your Title]