

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

[Client Name]
[Client Contact Person]
[Client Address]
[City, State, Zip Code]

Subject: Verification of Billing Details and Contact Information

Dear [Client Name],

To ensure the accuracy of our records and to avoid any delays in future invoicing, we are requesting a formal verification of your current billing details and contact information.

Please review and confirm the following information currently on file:

- **Legal Entity Name:** [Client Legal Name]
- **Billing Address:** [Billing Street, City, State, Zip]
- **Accounts Payable Contact Name:** [Contact Name]
- **Accounts Payable Email:** [Email Address]
- **Phone Number:** [Phone Number]
- **Tax ID / VAT Number (if applicable):** [ID Number]

If the information above is correct, please reply to this email with "Confirmed." If there are any discrepancies or updates required, please provide the corrected details by [Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Email Address]