

# CREDIT NOTE

**[Company Name]**

[Street Address]

[City, State, Zip]

[Tax ID/VAT Number]

**Date:** [Date]

**Credit Note #:** [CN-0000]

**Original Invoice #:** [INV-0000]

**Customer Account:** [ACC-000]

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**BILL TO:**

[Customer Name]

[Business Name]

[Street Address]

[City, State, Zip]

**REASON FOR RETURN:**

[Select: Damaged / Incorrect Item / Over-shipment / Other]

SKU / Item ID	Description	Qty Returned	Unit Price	Total Credit
[ ]	[ ]	[ ]	[0.00]	[0.00]
[ ]	[ ]	[ ]	[0.00]	[0.00]

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Subtotal: [0.00]

Tax Amount: [0.00]

Restocking Fee: ([0.00])

Total Credit: [0.00]

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**Notes:** Credit will be applied to your account balance or original payment method. Please reference the Credit Note number for any inquiries.

Authorized Signature: \_\_\_\_\_