

CREDIT NOTE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

Credit Note #: [CN-00000]

Date: [MM/DD/YYYY]

Reference Invoice: [INV-00000]

BILL TO:

[Customer Name]
[Customer Address]
[City, State, Zip]
[Customer Tax ID]

REASON FOR CREDIT:

[Return of Goods / Pricing Error / Damaged Items]

Description	Qty	Unit Price	Amount
[Product or Service Description]	[0]	0.00	0.00
[Product or Service Description]	[0]	0.00	0.00

Subtotal: 0.00
Tax ([0] %): 0.00
Total Credit: 0.00

Notes: [Additional terms or instructions regarding the credit balance application.]

Authorized Signature: _____