

# CREDIT NOTE

[Company Name]  
[Street Address]  
[City, State, Zip]

**Date:** [Date]

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

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

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## BILL TO

**[Client Name]**  
[Client Address]  
[Client Contact Email]

## REASON FOR CREDIT

[Description of credit reason: e.g., Service reversal, overcharge, or discount adjustment]

Service Description	Quantity	Unit Price	Total Credit
[Service Name/Description]	[0]	[0.00]	[0.00]
[Service Name/Description]	[0]	[0.00]	[0.00]

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Subtotal: \$[0.00]

Tax Rate: [0]%

Total Credit: \$[0.00]

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**Notes:** This credit note will be applied to your outstanding balance or issued as a refund per your request.

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