

CREDIT NOTE / REFUND STATEMENT

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

Credit Number: _____
Date: _____
Original Invoice #: _____

BILL TO

[Customer Name]
[Customer Address]
[City, State, Zip]
[Contact Email/Phone]

REASON FOR CREDIT

- Returned Merchandise
- Overpayment
- Pricing Adjustment
- Service Cancellation

Description	Quantity	Unit Price	Tax	Total Credit
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Subtotal: \$ _____
Tax Amount: \$ _____
Total Refund/Credit: \$ _____

COMMENTS / NOTES

This document serves as a formal credit to your account. Refunds will be processed via [Original Payment Method / Bank Transfer / Account Credit]. Please contact the billing department for inquiries.