

CREDIT NOTE

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

Credit Note #: _____
Date: _____
Original Invoice #: _____

BILL TO:

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

REASON FOR REFUND:

Description	Quantity	Unit Price	Total

Subtotal: \$ _____
Tax: \$ _____
Total Credit: \$ _____

Notes: Credits are applied to the original payment method unless otherwise specified.

Authorized Signature: _____ Date: _____