

CREDIT NOTE / REFUND

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

DOCUMENT #
[CR-000000]

DATE ISSUED
[MM/DD/YYYY]

REFUND TO:

[Client Company Name]
[Contact Person]
[Client Address]
[Client Tax ID]

REFERENCE:

Original Invoice: #[INV-0000]
PO Number: [PO-0000]
Reason: [Return/Adjustment/Overpayment]

Description	Qty	Unit Price	Amount
[Product or Service Name]	[0]	[0.00]	([0.00])
[Product or Service Name]	[0]	[0.00]	([0.00])
Subtotal ([0.00])			
Tax ([0]%) ([0.00])			

Total Refund [Currency] ([0.00])

Notes: [Insert refund processing time or credit terms here]. Credits are applied to the original payment method unless otherwise specified.

Authorized by: _____