

# CREDIT NOTE

[Company Name]

[Street Address]

[City, State, Zip]

Credit # : \_\_\_\_\_

Date : \_\_\_\_\_

Ref Invoice # : \_\_\_\_\_

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## BILL TO

[Customer Name]

[Customer Address]

[City, State, Zip]

[Phone/Email]

## REASON FOR REFUND

Return of Goods

Pricing Adjustment

Damaged Items

Other: \_\_\_\_\_

Description	Qty	Unit Price	Total

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Credit: \$ \_\_\_\_\_**

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

Notes: This credit will be applied to your next statement or refunded via the original payment method.