

## CREDIT NOTE

[Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / VAT Number]

|                    |  |
|--------------------|--|
| Date               |  |
| Credit Note #      |  |
| Original Invoice # |  |
| Customer ID        |  |

**Credit To:**

[Client Name]

[Client Address]

[City, State, Zip]

[Contact Email/Phone]

**Reason for Credit:**

[e.g., Service Cancellation, Billing Error, Overpayment]

[illegible]

Subtotal: 0.00

Tax Rate (%): 0.00

Tax Amount: 0.00

Total Credit: 0.00

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

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