CREDIT INVOICE

Reference No: _____

Consultancy Name
123 Business Avenue
City, State, Zip
Contact: email@example.com

BILL TO

Client Company Name
Attention: Contact Person
456 Client Street
City, State, Zip

Issue Date: _____
Original Invoice: _____
Account ID: _____

DESCRIPTION OF SERVICE / REASON FOR CREDIT	HOURS/QTY	RATE	AMOUNT
[Service Detail or Credit Adjustment Reason]	0.00	0.00	0.00
[Service Detail or Credit Adjustment Reason]	0.00	0.00	0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Credit: $0.00

Notes:
This credit will be applied to your outstanding balance or future billings. For inquiries regarding this adjustment, please contact the billing department.