CREDIT NOTE

[Law Firm Name]
[Street Address]
[City, State, Zip]

DATE: _____
CREDIT ID: _____
REF INVOICE: _____

CLIENT INFORMATION
[Client Name]
[Company Name]
[Address]
[Email/Phone]

MATTER REFERENCE
[Matter Name/Number]
[Attorney Name/Initials]

Description of Adjustment / Services Credit	Hours/Qty	Rate	Total

REASON FOR CREDIT
Subtotal 0.00
Tax (%) 0.00

Credit Amount 0.00

Terms: This credit will be applied to your outstanding balance or future billings. Please contact our accounting department for queries regarding this adjustment.

[Firm Website] | [Contact Number]