

CREDIT ADJUSTMENT

[Company Name]
[Street Address]
[City, State, Zip]

ADJUSTMENT # [000000]
DATE [MM/DD/YYYY]
ORIGINAL INVOICE # [000000]

BILL TO [Customer Name]
[Customer Business Name]
[Address Line 1]
[City, State, Zip]
REASON FOR CREDIT [E.g., Returned Goods, Billing Error, Overpayment]

Description of Adjustment	Qty	Unit Price	Total Credit
[Item Name or Service Description]	[0]	\$0.00	\$0.00
[Item Name or Service Description]	[0]	\$0.00	\$0.00

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

NOTES

This credit will be applied to your account balance. For inquiries regarding this adjustment, please contact our billing department at [Phone/Email].