CREDIT NOTE

[Company Name]
[Street Address]
[City, State, Zip]
VAT/Tax ID: [ID Number]

Credit Note #: [00000]
Date: [MM/DD/YYYY]
Ref Invoice #: [00000]

BILL TO

[Client Company Name]
[Client Street Address]
[City, State, Zip]
[Client Tax ID]

RETURN DETAILS

Reason: [Damaged / Incorrect / Other]
RMA Number: [00000]
Payment Term: Credit to Account

SKU / Item	Description	Qty Returned	Unit Price	Tax %	Total

Subtotal: $0.00
Tax Amount: $0.00

Total Credit: $0.00

Notes: Credit will be applied to your next statement or original payment method as per agreement.

Authorized Signature: _____