CREDIT NOTE

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

Credit Note #: _____
Date: _____
Original Invoice #: _____
PO Number: _____

BILL TO

[Customer Name]
[Customer Address]
[Customer City, State, Zip]
[Customer Tax ID]

REASON FOR CREDIT

[ ] Return of Goods
[ ] Pricing Adjustment
[ ] Damaged Items
[ ] Other: _____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: $ _____
Tax Amount: $ _____
Total Credit: $ _____

NOTES / TERMS

This credit note will be applied to your outstanding balance or future purchases. Please contact the procurement department for any discrepancies.

Authorized Signature: _____ Date: _____