# SUPPLIER CREDIT NOTE

**No:** [Credit Note #]
**Date:** [Date]

---

**FROM (SUPPLIER)**
[Supplier Name]
[Address Line 1]
[City, State, Zip]
[VAT/Tax ID]

**BILL TO (LOGISTICS PROVIDER)**
[Company Name]
[Address Line 1]
[City, State, Zip]
[Account Number]

**ORIGINAL INVOICE REFERENCE**
[Invoice #]

**REASON FOR REFUND**
[e.g., Overcharge, Damaged Goods, Service Failure]

| Description | AWB / Tracking # | Qty | Rate | Total |
|---|---|---|---|---|
| [Service/Item Description] | [Reference #] | [0.00] | [0.00] | [0.00] |
| [Service/Item Description] | [Reference #] | [0.00] | [0.00] | [0.00] |

Subtotal 0.00
Tax ([0]%) 0.00
Total Credit [Currency] 0.00

**NOTES**

This credit note is issued to adjust the balance of the aforementioned invoice. Credits will be applied to your account balance or refunded via [Method].

Authorized Signature: _____