CREDIT NOTE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

Credit Note #: _____

Date: _____

Original Invoice #: _____

VENDOR / CREDITOR

[Vendor Name]
[Address Line 1]
[City, State, Zip]
Phone: [Number]

REASON FOR RETURN

[Short description of defect or return reason]

Item Description	Quantity	Unit Price	Total

Subtotal: $ 0.00
Tax Amount: $ 0.00
Total Credit: $ 0.00

Notes: This credit note will be applied to your outstanding balance or refunded as per the terms of purchase.

Authorized Signature