CREDIT NOTE

[Supplier Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Credit Note #: [000000]
Date: [Date]
Ref Invoice #: [Original Invoice #]
Account #: [Customer ID]

BILL TO

[Restaurant/Establishment Name]
[Contact Person]
[Street Address]
[City, State, Zip]

REASON FOR CREDIT

[Damaged Goods / Short Shipment / Pricing Error / Return]

SKU / Item #	Description	Qty Returned	Unit Price	Total
[Item Code]	[Product Name/Description]	[0]	$0.00	$0.00

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

Notes: [Credit will be applied to your next statement / Refund processed to original payment method]

Authorized by: ___________________________ Date: ________________