CREDIT NOTE

Vendor Rebate Claim

Credit Note #: _____

Date: _____

Reference: _____

VENDOR (TO)

Company Name
Street Address
City, State, Zip
Tax ID: _____

WHOLESALER (FROM)

Company Name
Street Address
City, State, Zip
Contact: _____

Description / Rebate Program	Period	Volume/Qty	Rate (%)	Total Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: _____
Tax: _____
Total Rebate: _____

Notes: Rebate applied based on wholesale purchase agreement. Please apply this credit note to outstanding invoices or issue payment via ACH.

Authorized Signature: _____ Date: _____