

CREDIT NOTE

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

Credit Note #: [000000]
Date: [MM/DD/YYYY]
Original Invoice #: [000000]
Customer ID: [CID-000]

BILL TO

[Customer Name]
[Customer Address]
[City, State, Zip]
[Customer Email / Phone]

REASON FOR CREDIT

[Return of Goods / Pricing Adjustment / Damaged Items]

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
[Item Description or Service Name]	[0]	[0.00]	[0.00]
[Item Description or Service Name]	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0]%): [0.00]
Total Credit: \$[0.00]

Notes: This credit will be applied to your next statement or refunded via the original payment method unless otherwise specified.

Authorized Signature: _____