CREDIT NOTE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Credit No: [CR-000]
Date: [MM/DD/YYYY]
Original Invoice: [#INV-000]

BILL TO

[Client Name]
[Client Address]
[Client Contact]

REASON FOR CREDIT

[Return / Overcharge / Discount / Cancellation]

Description	Qty	Unit Price	Amount
[Service/Product Description Name]	[0]	0.00	0.00
[Service/Product Description Name]	[0]	0.00	0.00

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

NOTES

[Amount will be applied to next invoice / Refunded via original payment method]

Authorized Signature: _____