[CORPORATE NAME]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

CREDIT INVOICE

No: [CR-00000]
Date: [YYYY-MM-DD]

BILL TO:

[Customer Name]
[Customer Address]
[Customer Phone/Email]

REFERENCE:

Original Invoice: #[00000]
Refund Method: [Credit Card/Bank Transfer]
Reason: [Reason for Credit]

Description	Quantity	Unit Price	Tax	Total
[Item Description]	[0.00]	[0.00]	[0.00]	([0.00])

Subtotal: ([0.00])
Tax Amount: ([0.00])
TOTAL REFUND: ([0.00])

Authorized Signature: _____

[Disclaimer: This credit note is issued to correct the original invoice cited above. Please apply this credit to your next statement or contact accounting for direct disbursement.]