CREDIT NOTE

[Your Company Name]
[Street Address]
[City, State, Zip]

CREDIT NUMBER [CR-0000]
DATE ISSUED [Month DD, YYYY]
REFERENCE INVOICE [#0000]

BILL TO **[Customer Name]**
[Customer Address]
[City, State, Zip]
[Email/Phone]
REFUND METHOD [Original Payment Method / Account Credit]
REASON FOR CREDIT [Return / Overpayment / Adjustment]

Description	Qty	Unit Price	Total Credit
[Description of goods or services returned]	[0]	$0.00	$0.00
[Additional item/Restocking fee adjustment]	[0]	$0.00	$0.00

Subtotal:
$0.00
Tax:
$0.00
Total Refund:
$0.00

Notes: [Insert any specific terms or expiration dates for store credit here.]

If you have any questions regarding this credit invoice, please contact [Department/Name] at [Phone/Email].