CREDIT INVOICE

Agency: _____
License #: _____

Invoice #: _____
Date: _____

CLIENT DETAILS

Name: _____
Address: _____
Property: _____

TRANSACTION REFERENCE

Escrow/File #: _____
Closing Date: _____

Description of Credit / Service	Amount
_____	$ _____
_____	$ _____
_____	$ _____

Subtotal: $ _____
Tax/Adjustments: $ _____
Total Credit: $ _____

NOTES / INSTRUCTIONS

Thank you for your business. Please contact your agent for any billing inquiries.