

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

CREDIT NOTE

Bill To:

[Client Name]
[Client Address]
[Client Tax ID]

Details:

Credit Note #: [00000]
Date Issued: [MM/DD/YYYY]
Original Invoice #: [00000]
Reason: [Return of Services / Overcharge]

Description of Agency Services	Quantity/Hours	Rate	Total Credit
[Service Name/Description]	[0.00]	[\$[0.00]	[\$[0.00]
[Service Name/Description]	[0.00]	[\$[0.00]	[\$[0.00]
Subtotal: \$[0.00]			
Tax ([0]%) : \$[0.00]			
<hr/> Total Credit Amount: \$[0.00]			

Notes: [e.g., This credit will be applied to your next statement.]
Authorized Signature: _____