

# CREDIT NOTE

[Media Company Name]

[Tax ID / Registration Number]

Number: \_\_\_\_\_

Date: \_\_\_\_\_

Original Invoice #: \_\_\_\_\_

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**BILLING TO:**

[Client Name]

[Street Address]

[City, State, Zip]

**PUBLICATION DETAILS:**

**Publication:** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_

**Ad Size/Format:** \_\_\_\_\_

Description of Correction / Reason for Credit	Rate	Adjustment	Total Credit
<i>Example: Color mismatch, printing error, or missed insertion.</i>			

Subtotal: \$ \_\_\_\_\_

Tax (\_\_\_%): \$ \_\_\_\_\_

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**Total Credit Amount: \$ \_\_\_\_\_**

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**NOTES:**

This credit will be applied to your account balance. For inquiries, please contact the billing department at [Phone/Email].

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE