

[Company Name]

[Street Address]
[City, State, Zip]
[Email/Phone]

CREDIT INVOICE

Credit ID: # _____
Date: _____
Original Invoice: # _____

Billing To:

[Customer Name]
[Customer Address]
[Customer Email]

Recurring Plan:

[Subscription ID/Name]
Billing Cycle: [Monthly/Yearly]
Credit Reason: [Service Credit / Overcharge / Refund]

Description of Adjustment	Billing Period	Qty	Rate	Credit Amount
[Service Credit / Downtime Adjustment]	[MM/DD - MM/DD]	-	\$0.00	-\$0.00
[Unused Pro-rated Services]	[MM/DD - MM/DD]	-	\$0.00	-\$0.00

Subtotal Credit: -\$0.00
Tax Adjustment: -\$0.00

TOTAL CREDIT: -\$0.00

Notes: This credit will be applied automatically to your next recurring billing cycle. No payment is required for this notice.