

CREDIT NOTE

[Company Name]
[Address Line 1]
[City, State, Zip]

Credit Number: #CR-0000
Date: [Date]
Original Invoice: #INV-0000

Bill To:

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

Subscription Description	Service Period	Unit Price	Total Refund
[Subscription Plan Name] - Pro-rated Refund	[Start Date] - [End Date]	[\$[0.00]]	-\$[0.00]

Subtotal: -[\$[0.00]]
Tax (0%): -[\$[0.00]]
Total Credit: -[\$[0.00]]

Notes: This credit has been applied to your original payment method. Please allow 5-10 business days for the transaction to appear on your statement.