CREDIT NOTE

[Company Name]
[Street Address]
[City, State, Zip]

Date: [DD/MM/YYYY]
Credit Note #: [CN-0000]
Original Invoice #: [INV-0000]

BILL TO:

[Customer Name]
[Customer Business Name]
[Address]
[Email/Phone]

REASON FOR CREDIT:

[Return/Discount/Correction Description]

Description	Qty	Unit Price	Amount
[Product or Service Name]	[0]	[0.00]	[0.00]
[Product or Service Name]	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Tax Rate: [0%]
Tax Amount: [0.00]
Total Credit: [0.00]

Note: This credit note will be applied to your future balance or refunded as per the corporate policy. No payment is required.

Authorized Signature: _____