[CORPORATE NAME]

[STREET ADDRESS, CITY, STATE, ZIP]
[TAX ID / VAT NUMBER]

CREDIT NOTE

No: [CN-000000]
Date: [DD/MM/YYYY]

BILL TO

[Client Company Name]
[Recipient Name]
[Client Address Line 1]
[Client Address Line 2]
[Client Tax ID]

REFERENCE DETAILS

Original Invoice: [INV-0000]

Reason: [Return / Price Adjustment / Error]

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
[Description of goods or services being credited]	[0.00]	$[0.00]	$[0.00]
[Additional item detail]	[0.00]	$[0.00]	$[0.00]

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

NOTES / INSTRUCTIONS

[Internal reference notes or instructions regarding the application of this credit to the client's account balance.]

Authorized Signature: _____

[Company Website] | [Contact Email] | [Phone Number]