CREDIT NOTE

Credit Note No: _____

Date: _____

BILL TO

Customer Name: _____

Company Name: _____

Address: _____

City, ST ZIP: _____

Email/Phone: _____

REFERENCE DETAILS

Original Invoice #: _____

Original Invoice Date: _____

Customer ID: _____

Payment Method: _____

Account Executive: _____

DESCRIPTION / REASON FOR CREDIT	QTY	UNIT PRICE	CREDIT AMOUNT

INTERNAL NOTES / REASON FOR ADJUSTMENT

Subtotal Credit: _____

Tax Rate Adjustment: _____

Total Credit: _____

PREPARED BY

AUTHORIZED APPROVAL