

Company Name

Address Line 1

Address Line 2

City, State ZIP

Phone: _____

Email: _____

Credit Note

No: _____

Date: ____ / ____ / ____

Original Invoice No: _____

Customer ID: _____

Customer Details

Name: _____

Address: _____

Phone: _____

Email: _____

Details of Damaged Goods Returned

#	Description	Quantity	Unit Price	Total	Remarks
1					
2					
3					

Subtotal _____

Tax _____

Total _____**Amount** _____**Credited** _____

Note: This credit note is issued for the return of damaged goods as per details above. Amount will be credited to customer's account or adjusted in future invoices.

Issued By: _____

Approved By: _____

Received By: _____