

CREDIT NOTE



<Your Company Name>
<123 Street Address>
<City, State, Zip/Post Code>
<Phone Number, Email>

DATE

CREDIT NO. 20

<Payment terms (due on receipt, due in X days)>

BILL TO

<Contact Name>
<Client Company Name>
<Address>
<Phone>

SHIP TO

<Name / Dept>
<Client Company Name>
<Address>
<Phone>

DESCRIPTION	QTY	UNIT PRICE	TOTAL
TEST	1		0.00
			0.00
			0.00
			0.00
			0.00
			0.00
Remarks / Payment Instructions:			SUBTOTAL 0.00
			DISCOUNT 0.00
			TAX RATE 0.00%
			TOTAL TAX 0.00
			SHIPPING/HANDLING 0.00
Balance Due			\$ -