

CREDIT INVOICE

From: **Your Company Name**
123 Main Street
City, State ZIP
Phone: (123) 456-7890
Email: info@yourcompany.com

To: **Customer Name**
456 Customer Ave
Client City, State ZIP
Phone: (987) 654-3210
Email: customer@email.com

Credit Invoice #: CI-000987 Date: 2024-06-24

Original Invoice #: INV-123456 Reference: Refund for overpayment

Description	Qty	Unit Price	Discount	Credit Amount
Product/Service Name	2	\$150.00	\$0.00	\$300.00
Returned Item	1	\$120.00	\$20.00	\$100.00

Total Credit: \$400.00

Thank you for your business.
Please contact us if you have any questions regarding this credit invoice.