



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.