Credit Invoice

From:
[Your Company Name]
[Your Address]
[Your Email] | [Your Phone]

Invoice #: [12345]
Date Issued: [YYYY-MM-DD]
Due Date: [YYYY-MM-DD]

Billed To:
[Client Name]
[Client Company]
[Client Address]
[Client Email]

Description	Amount
[Description of Service]	[Amount]
Subtotal:	[Subtotal]
Tax ([Tax %])	[Tax Amount]
Total Credit Due:	**[Total Amount]**

Payment Terms: [e.g. Net 15]
Please make payment by the due date listed above. For questions, contact us at [Contact Email/Phone].

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Authorized Signature