

COMPANY NAME

Address Line 1

Address Line 2

City, State Postal Code

Country

Phone: (123) 456-7890

Email: info@company.com

CREDIT NOTE

Credit Note No.: CN-1002

Date: 2024-07-01

Reference Invoice: INV-2031

BILLED TO

Customer Name

Customer Address Line 1

City, State, ZIP

Country

GSTIN: AAAPL1234C

OTHER DETAILS

Terms: 30 days

Due Date: 2024-07-31

Reason: Product Return

#	Description	HSN/SAC	Qty	Unit Price	Discount	Amount
1	Product Name A	1234	5	100.00	50.00	450.00
2	Product Name B	4321	2	200.00	0.00	400.00
						Subtotal 850.00
						Tax (18%) 153.00
						Total Credit Amount 1,003.00

BANK DETAILS

Account Name: Company Name

Account No: 0123456789

IFSC: ABCD0123456

Bank Name: XYZ Bank

For Company Name

Authorized Signature

Important Notes:

- This credit note is issued for adjustment against the referenced invoice.
- The original invoice must be referenced in all related communication.
- No payment is to be made on this document; amounts will be adjusted in future transactions.
- Please verify the details and contact us for any discrepancies.
- This is a system-generated document and does not require a physical signature.

