

Date:/...../.....
Pay:
Hemps:
For:
✕

HempLETS Credit Note

Date:/...../.....

Credit to (Name of Provider): A/c No:

Amount (in words): **H**

Debit from (name of purchaser): A/c No:

Service provided:

Signed:

Date:/...../.....
Pay:
Hemps:
For:
✕

HempLETS Credit Note

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Credit to (Name of Provider): A/c No:

Amount (in words): **H**

Debit from (name of purchaser): A/c No:

Service provided:

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Credit to (Name of Provider): A/c No:

Amount (in words): **H**

Debit from (name of purchaser): A/c No:

Service provided:

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