

[COMPANY NAME]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

CREDIT MEMO

Date: [MM/DD/YYYY]
Credit # : [CM-000000]
Reference Invoice: [#INV-000000]

BILL TO:

[Customer Company Name]

[Customer Address]

[City, State, Zip]

[Customer Tax ID]

REFUND METHOD:

[Original Payment Method / Account Credit]

Reason: [Return / Overpayment / Discount Application]

Description	Qty	Unit Price	Amount
[Item Name / Service Description]	[0]	[0.00]	[0.00]
[Reason for adjustment/return]			[0.00]

Subtotal: [0.00]

Tax ([0]%): [0.00]

Total Credit: \$[0.00]

Notes: [e.g. This credit will be applied to your next statement or refunded to the original payment source.]

[Authorized Signature / Department Stamp]