

CREDIT MEMO

[Company Name]

[Address Line 1]

[City, State, Zip]

Memo #: _____

Date: _____

Original Inv #: _____

BILL TO

[Customer Name]

[Business Address]

[Contact Details]

REASON FOR RETURN

Damaged Goods

Incorrect Item

Defective

Other: _____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$0.00

Tax: \$0.00

Restocking Fee: (\$0.00)

Total Credit: \$0.00

Authorized Signature: _____ **Date:** _____

Note: Credit will be applied to your account or issued via original payment method within [X] business days.