

# CREDIT MEMO

[Enterprise Name]  
[Street Address]  
[City, State, Zip]  
[Tax ID / VAT Number]

**Memo #:** [000000]  
**Date:** [MM/DD/YYYY]  
**Original Invoice #:** [000000]  
**Customer ID:** [CID-000]

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**BILL TO**

[Customer Name]  
[Customer Address]  
[City, State, Zip]  
[Contact Email]

**REFUND METHOD**

[Original Payment Method / Account Credit]  
**Reason:** [Return / Overcharge / Adjustment]

Item Description	Quantity	Unit Price	Total Credit
[Product or Service Name]	[0]	\$0.00	\$0.00
[Product or Service Name]	[0]	\$0.00	\$0.00

Subtotal: \$0.00  
Tax Adjustment: \$0.00  
Total Refund: \$0.00

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**Notes:** [Insert internal reference or terms regarding credit expiration]

Authorized Signature: \_\_\_\_\_