

# REFUND INVOICE

[Wholesale Company Name]

[Address Line 1]

[City, State, Zip]

[Tax ID / VAT Number]

**Refund # :** [REF-00000]

**Date :** [YYYY-MM-DD]

**Original Order :** [#ORD-00000]

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BILL TO:

[Business Client Name]

[Client Address Line 1]

[City, State, Zip]

[Contact Person]

REFUND DETAILS:

**Reason:** [e.g., Damaged Goods / Overstock Return]

**Method:** [e.g., Credit Memo / Original Payment]

**Status:** [Pending/Processed]

SKU / Item #	Description	Qty Returned	Unit Price	Restocking Fee	Total Refund
[SKU-123]	[Product Name Description]	0	\$0.00	\$0.00	\$0.00
[SKU-456]	[Product Name Description]	0	\$0.00	\$0.00	\$0.00

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Subtotal: \$0.00

Tax Refund: \$0.00

Shipping Credit: \$0.00

Total Refund: \$0.00

NOTES:

Refunds are processed according to the Master Distribution Agreement. Credit memos can be applied to future invoices within 90 days.  
For inventory inquiries, contact [Email/Phone].