

# CREDIT MEMO

[Company Name]

[Street Address]

[City, State, Zip]

Date: \_\_\_\_\_

Credit Memo #: \_\_\_\_\_

Original Invoice #: \_\_\_\_\_

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## BILL TO

[Customer Name]

[Customer Address]

[Phone/Email]

## REASON FOR ADJUSTMENT

Return of Goods

Pricing Correction

Damaged Items

Other: \_\_\_\_\_

Item / Description	Qty	Unit Price	Total Credit

Subtotal: \$ \_\_\_\_\_

Tax Adjustment: \$ \_\_\_\_\_

Total Credit: \$ \_\_\_\_\_

## AUTHORIZED SIGNATURE

Notes: Credits will be applied to your account balance unless a refund is requested.