

CREDIT MEMO

Company Name
123 Corporate Way
Business City, ST 12345

Memo #: _____
Date: _____
Original Invoice #: _____

BILL TO

Customer Name
Address Line 1
City, State, Zip
Contact Person

REASON FOR CREDIT

- Returned Merchandise
- Pricing Adjustment
- Damaged Goods
- Other: _____

Description	Quantity	Unit Price	Total
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Description	Quantity	Unit Price	Total
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Subtotal: \$0.00
Tax: \$0.00
Total Credit: \$0.00

Authorized Signature: _____ Date: _____

Notes: Please apply this credit to your next outstanding balance.