

# CREDIT MEMO

[Manufacturing Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone] | [Email]

Memo #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Original Invoice #: \_\_\_\_\_  
Customer ID: \_\_\_\_\_

---

## BILL TO

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

---

## SHIP TO / RETURN FROM

[Facility/Plant Name]  
[Shipping Address]  
[City, State, Zip]

Item / Part #	Description / Reason for Credit	Qty Returned	Unit Price	Total Credit

---

## NOTES / DISPOSITIONS

Reason Code: [ ] Defective [ ] Shipping Error [ ] Damaged in Transit [ ] Other: \_\_\_\_\_

Subtotal: \$ 0.00  
Restocking Fee: (\$ 0.00)  
Tax: \$ 0.00

Total Credit Amount: \$ 0.00

---

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Commercial credit is subject to quality control inspection of returned goods. This credit will be applied to your account balance or future manufacturing orders.