CREDIT MEMO

[Company Name]
[Street Address]
[City, State, Zip]

DATE: [Date]
CREDIT MEMO #: [000000]
ORIGINAL INVOICE #: [000000]

CUSTOMER INFORMATION [Customer Name]
[Customer Address]
[City, State, Zip]
[Phone / Email]
REASON FOR RETURN [ ] Damaged / Defective
[ ] Incorrect Item Received
[ ] Customer Dissatisfaction
[ ] Other: _____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: $0.00
Tax Rate (%): 0.00%
Restocking Fee: ($0.00)

Total Credit: $0.00

NOTES / INSTRUCTIONS

Credit will be applied to your original payment method or account balance within [X] business days.

Authorized Signature: _____