

REFUND CREDIT RECEIPT

Receipt #:

Date:

Company Name

Street Address

City, State, Zip

Email / Phone

Refund To:

Name:

ID/Account:

Address:

Original Transaction:

Original Invoice #:

Original Date:

Payment Method:

Description of Goods/Services	Qty	Unit Price	Total Refund
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Reason for Refund:

Subtotal: \$ _____

Tax: \$ _____

Total Credit: \$ _____

Authorized Signature: _____ Date: _____

Electronic confirmation of credit processed. Please allow 3-5 business days for bank processing.