

CREDIT MEMO

[Company Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

Date: [Date]

Credit Note #: [Number]

Original Invoice #: [Number]

Customer ID: [ID]

BILL TO

[Customer Name]

[Customer Address]

[City, State, Zip]

REFUND METHOD

[Credit Card / Wire / Check]

[Transaction Reference]

Item Description	Qty Returned	Unit Price	Amount

Subtotal: \$0.00

Tax Rate: 0.00%

Total Credit: \$0.00

Reason for Return: [Specify Reason]

Authorized Signature: _____