

CREDIT REFUND

Verification Invoice

Document #: _____

Date: ____/____/20____

ORIGINATING ENTITY

[Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / Registration]

RECIPIENT / CREDIT HOLDER

[Customer Name]

[Account Number]

[Address]

[Email/Phone]

Original Reference	Description of Credit	Unit Value	Amount

Subtotal 0.00

Adjustments (0.00)

Total Refund 0.00

OFFICIAL VERIFICATION REQUIRED

Authorized Signature: _____ Date: _____

This document serves as a formal verification of credit balances pending refund processing.
Subject to audit and terms of service.