

CREDIT NOTE / REFUND

Store Name: _____

Address: _____

Transaction ID: _____

Date: _____

CUSTOMER INFORMATION

Name: _____

Phone/Email: _____

Original Receipt #: _____

REFUND METHOD

Store Credit

Original Payment Method

Cash

SKU/Item #	Description	Qty	Unit Price	Total

Subtotal: \$ _____

Tax (___%): \$ _____

Restocking Fee: \$ (_____)

TOTAL REFUND: \$ _____

REASON FOR RETURN

AUTHORIZED SIGNATURE

Terms: Store credits are valid for 12 months from date of issue. Please retain this document for your records.