

CREDIT SUMMARY INVOICE

Date: [Date]

Credit # : [CR-000000]

[Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / VAT Number]

BILL TO

[Customer Name]

[Customer Account Number]

[Street Address]

[City, State, Zip]

REFERENCE INFO

Original Invoice: [Inv #]

Original Order: [PO #]

Reason: [Return/Damaged/Pricing Error]

Item SKU	Description	Qty	Unit Price	Total Credit

Subtotal: \$0.00

Tax Adjust: \$0.00

Restocking Fee: (\$0.00)

Total Refund Credit: \$0.00

Note: This credit will be applied to your outstanding balance or issued via original payment method as per wholesale terms. Please contact the billing department for inquiries.

Authorized Signature: _____