CREDIT ADJUSTMENT

Company Name
Address Line 1
City, State, Zip

Date: _____
Credit Memo #: _____
Customer ID: _____

Bill To:
Original Invoice Reference:
Invoice #: _____
Date: _____

Account Code	Description / Reason for Adjustment	Quantity	Unit Price	Total Credit

Subtotal: $ _____
Tax Adjustment: $ _____

TOTAL CREDIT: $ _____

Adjustment Reason:
[ ] Billing Error [ ] Return [ ] Discount Applied [ ] Other: _____

Authorized Signature: _____
Date: _____