

CREDIT ADJUSTMENT INVOICE

Adjustment #: _____
Date: _____

Vendor Information

Name: _____
Address: _____
City, State, Zip: _____
Tax ID: _____

Bill To

Name: _____
Address: _____
City, State, Zip: _____
Customer ID: _____

Reference Information

Original Invoice #: _____
Original Date: _____
Reason for Credit: _____

Description / SKU	Qty	Unit Price	Adjustment Amount

Subtotal Credit: \$ _____
Tax Adjustment: \$ _____

Total Credit: \$ _____

Authorized Signature: _____

Printed Name: _____