

CREDIT ADJUSTMENT INVOICE

Adjustment #: _____

Date: _____

COMPANY INFORMATION

[Company Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

CUSTOMER BILLING

[Customer Name]

[Customer Address]

[Account Number]

[Original Invoice Reference]

Item / SKU	Description of Adjustment	Qty	Unit Price	Credit Amount

Subtotal: \$ _____

Tax Adjustment: \$ _____

Total Credit: \$ _____

Reason for Credit: Return Overcharge Damaged Goods Promotion Other: _____

Authorized Signature: _____