CREDIT INVOICE

[Store Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Customer ID: _____

Bill To:

_____
_____
_____

Credit Reference:

Original Receipt #: _____
Reason for Credit: _____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: $_____
Tax: $_____

Total Credit: $_____

Terms: Credit applied to account / store card only. No cash refunds on credit invoices.

Authorized Signature: _____ Customer Signature: _____