MERCHANDISE CREDIT INVOICE

[DEPARTMENT STORE NAME]
[Store Address Line 1]
[City, State, Zip]

CUSTOMER INFORMATION [Customer Name] [Phone/Email] **ORIGINAL RECEIPT #**
CREDIT INVOICE # DATE ISSUED ISSUED BY (ASSOCIATE ID)

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: $ 0.00
Tax (0.0%): $ 0.00
Credit Total: $ 0.00

AUTHORIZED SIGNATURE
REASON FOR RETURN

Terms: This merchandise credit is valid for [X] months from the date of issue. Non-transferable. Not redeemable for cash. Valid at all [Store Name] locations.