CREDIT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Credit No: [CR-0000]
Date: [Date]
Original Order: #[0000]

Customer:

[Customer Name]
[Shipping Address]
[City, State, Zip]

Refund Method:

[Original Payment Method]
[Transaction ID]

SKU/Item	Description	Qty	Unit Price	Total Credit
[SKU-001]	[Product Name/Reason for Return]	[0]	$0.00	$0.00
[SKU-002]	[Product Name/Reason for Return]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax Refund: $0.00
Restocking Fee: -$0.00

Total Credit: $0.00

Notes: This credit has been applied to your account/original payment method. Please allow 3-5 business days for processing.