CREDIT INVOICE

Footwear Retailer Name

Address Line 1, City, State, ZIP

Invoice #: _____

Date: _____

BILL TO:

Name: _____

Phone: _____

PAYMENT TERMS:

Store Credit / Net ___ Days

SKU / Item ID	Description (Brand/Model)	Size	Qty	Unit Price	Total

Subtotal: $ _____
Tax: $ _____

TOTAL: $ _____

Notes / Return Policy:

Customer Signature: _____ Date: _____

Thank you for your business.