GROCERY STORE NAME

123 Market Street, City, State, Zip
Phone: (555) 000-0000

CREDIT INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Account #: _____
Phone: _____

CREDIT TERMS

Payment Due: _____
Billing Period: _____
Authorized By: _____

SKU/UPC	Item Description	Qty	Unit Price	Total

Subtotal: $ _____
Tax: $ _____

Total Amount: $ _____

NOTES/REASON FOR CREDIT

_____
Customer Signature

_____
Store Manager Signature

Thank you for your business. Please keep this for your records.