CREDIT INVOICE

Store Name: _____
Address: _____
Phone: _____

Credit Note #: _____
Date: _____
Original Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Contact: _____

RETURN REASON

[ ] Defective / Damaged
[ ] Incorrect Item
[ ] Change of Mind
[ ] Other: _____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: _____
Tax (____%): _____
Restocking Fee: (_____)

TOTAL CREDIT: _____

Credit Method: [ ] Original Payment Card [ ] Store Credit [ ] Cash

Authorized Signature: _____
Customer Signature: _____