CREDIT INVOICE

[Sporting Goods Store Name]
[Street Address]
[City, State, Zip]

Credit # : _____
Date : _____
Ref Invoice : _____

BILL TO
[Customer Name]
[Address]
[Phone / Email]

CREDIT REASON
[ ] Return of Goods
[ ] Pricing Adjustment
[ ] Damaged/Defective

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: $0.00
Tax: $0.00
Total Credit: $0.00

NOTES

Credits will be applied to your account or original payment method within 5-7 business days.

Authorized Signature: _____
Date: _____