CREDIT INVOICE

[Wholesaler Name]
[Wholesaler Address]
[Tax ID / Business Number]

Credit Memo #: _____
Date: _____
Original Invoice #: _____

Bill To (Retailer):
[Retailer Store Name]
[Retailer Address]
[Contact Number]

Ship To (If different):
[Warehouse/Store Location]
[Address]

Item SKU	Description	Qty Returned	Unit Price	Tax Rate	Total Credit

Subtotal Credit: $_____
Tax Total: $_____
Total Amount Credited: $_____

Reason for Credit:

Terms: Credit to be applied to account balance / Refund via original payment method.
Authorized Signature: _____ Date: _____