

CREDIT RETURN INVOICE

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

MERCHANT INFORMATION

[Business Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

CUSTOMER INFORMATION

[Customer Name]

[Street Address]

[City, State, Zip]

[Account Number]

Item Description	Qty Returned	Unit Price	Restocking Fee	Total Credit

Subtotal: \$0.00
Tax Adjust: \$0.00
Total Credit: \$0.00

REASON FOR RETURN

Authorized Signature: _____ Date: _____

Credit will be applied to the original payment method or account balance within 7-10 business days.