

# CREDIT MEMO

Merchant Services Dept.

Reference ID: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Invoice #: \_\_\_\_\_

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## VENDOR / MERCHANT INFO

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID: \_\_\_\_\_

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## BILL TO / CUSTOMER INFO

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Original Order #: \_\_\_\_\_

SKU / Item #	Description of Return/Credit	Qty	Unit Price	Total

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## REASON FOR RETURN

Defective  Wrong Item  Overcharge  Other: \_\_\_\_\_

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## NOTES

Subtotal: \$ \_\_\_\_\_

Restocking Fee: (\$ \_\_\_\_\_)

Tax Credit: \$ \_\_\_\_\_

TOTAL CREDIT: \$ \_\_\_\_\_

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Authorized Signature: \_\_\_\_\_

Date Processed: \_\_\_\_/\_\_\_\_/20\_\_\_\_

For Corporate Accounting Use Only