

CREDIT RETURN INVOICE

[Merchant Business Name]

[Street Address]

[City, State, Zip]

CREDIT MEMO # [000000]

DATE [MM/DD/YYYY]

ORIGINAL ORDER # [000000]

BILL TO: [Customer Name]

[Customer Address]

[Email/Phone]

RETURN REASON: [Reason Code/Description]

SKU / Item Description	Qty	Unit Price	Total
[Item Name/Description]	[0]	\$0.00	\$0.00
[Item Name/Description]	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Restocking Fee: (\$0.00)

Total Credit: \$0.00

Note: This credit will be applied to your original payment method within 5-10 business days.

Authorized Signature: _____ Date: _____