

CREDIT RETURN

Invoice #: [000000]
Date: [MM/DD/YYYY]

Merchant Information:

[Merchant Name]
[Business Address]
[City, State, Zip]
[Phone Number]

Customer Information:

[Customer Name]
[Account/Reference #]
[Original Transaction Date]
[Original Invoice #]

Item Description	Qty	Unit Price	Tax	Total Credit
[Product/Service Description]	[0]	\$0.00	\$0.00	\$0.00
[Product/Service Description]	[0]	\$0.00	\$0.00	\$0.00

Reason for Return:

[Reason text here]

Subtotal: \$0.00
Tax Total: \$0.00
Restocking Fee: (\$0.00)

Total Refund: \$0.00

Method of Credit: [Credit Card / Original Payment Method / Account Credit]

Please allow 3-5 business days for the credit to appear on your statement.

Authorized Signature: _____