

CREDIT MEMO

[Merchant Name]
[Street Address]
[City, State, Zip]
[Tax ID]

Memo #: [000000]
Date: [MM/DD/YYYY]
Ref Invoice: [Original Invoice #]

CUSTOMER / BILLING TO

[Customer Name]
[Customer Address]
[Contact Phone]

ADJUSTMENT REASON

[Reason: Return, Overcharge, Damaged Goods, etc.]

Item / Description	Qty	Unit Price	Total
[Product SKU/Service Description]	[0]	[0.00]	[0.00]
[Product SKU/Service Description]	[0]	[0.00]	[0.00]
Subtotal: [0.00]			
Tax Rate ([0]%): [0.00]			
Total Credit: [0.00]			

Note: This is a credit adjustment. The amount shown will be applied to your account balance or refunded via the original payment method.

Authorized Signature: _____