

CREDIT SETTLEMENT

Invoice #: _____

Date: _____

MERCHANT NAME

Street Address

City, State, Zip

Contact: (000) 000-0000

Bill To:

Company Name

Address Line 1

City, State, Zip

Tax ID: _____

Reference Information:

Original Invoice #: _____

Return Auth (RMA): _____

Reason: _____

Description	Qty	Unit Price	Total

Subtotal: \$ 0.00

Restocking Fee: (\$ 0.00)

Credit Amount: \$ 0.00

Terms: Credit to be applied to account balance or original payment method within _____ business days.

Authorized Signature: _____ Date: _____