

CREDIT RETURN STATEMENT

[Merchant Name]
[Address Line 1]
[City, State, Zip]

Bill To:

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

Credit ID: #000000
Date Issued: MM/DD/YYYY
Original Order: #ORD-000

Description	Qty	Unit Price	Total
[Product/Service Name]	0	\$0.00	\$0.00
[Product/Service Name]	0	\$0.00	\$0.00

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

Total Credit: \$0.00

Notes: [Reason for return: e.g., Damaged Goods, Exchange, Dissatisfaction]
Terms: Credits are applied to the original payment method unless otherwise stated.