

# CREDIT RETURN INVOICE

[Merchant Company Name]

[Street Address]

[City, State, Zip]

**Credit Note #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Original Invoice #:** \_\_\_\_\_

**Customer ID:** \_\_\_\_\_

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**BILL TO:**

[Customer Name]

[Customer Address]

[City, State, Zip]

[Phone/Email]

**RETURN DETAILS:**

**Reason for Return:** \_\_\_\_\_

**RMA Number:** \_\_\_\_\_

**Method of Credit:**  Refund  Account Credit

SKU / Item #	Description	Qty Returned	Unit Price	Total Credit

Subtotal: \$0.00

Tax: \$0.00

Restocking Fee: (\$0.00)

Total Credit: \$0.00

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**Notes:** All returned items are subject to inspection. Credits are processed within 7-10 business days. Please retain this document for your records.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_