

CREDIT RETURN INVOICE

[Merchant Business Name]

[Address Line 1]

[City, State, Zip]

Credit Memo #: _____

Date: _____

Original Inv #: _____

Bill To:

[Customer Name]

[Customer Address]

[Phone/Email]

Return Reason:

SKU / Item #	Description	Qty Returned	Unit Price	Restocking Fee	Total Credit

Subtotal: \$ _____

Tax Adjust: \$ _____

Restocking Total: (\$ _____)

Total Credit Amount: \$ _____

Authorization:

Manager Signature: _____ Date: _____

Notes: Credit will be applied to your wholesale account balance unless otherwise specified.