CREDIT MEMO

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Date: _____
Credit Memo #: _____
Original Invoice #: _____
Customer ID: _____

BILL TO:

[Customer Name]
[Customer Address]
[City, State, Zip]
[Contact Person]

REASON FOR CREDIT:

[ ] Damaged Goods
[ ] Return of Merchandise
[ ] Pricing Error
[ ] Other: _____

Item / Description	Qty	Unit Price	Total

Subtotal: $_____
Tax Rate (%): _____
Total Tax: $_____

TOTAL CREDIT: $_____

NOTES / REMARKS:

Authorized Signature: _____ Date: _____

This credit will be applied to your future balance or refunded upon request.