[Company Name]

[Address]

[Phone/Email]

CREDIT MEMO

DATE:
MEMO #:

BILL TO:
ORIGINAL INVOICE REF:
REASON FOR RETURN:

Item #	Description	Qty	Unit Price	Total Credit

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

AUTHORIZED SIGNATURE:

Notes: Credits will be applied to your next statement or refunded via original payment method.