CREDIT MEMO

[Company Name]
[Street Address]
[City, State, Zip]

Memo #: [000000]
Date: [Date]
Original Invoice: [#0000]

BILL TO

[Customer Name]
[Customer Business Name]
[Address Line 1]
[City, State, Zip]

CONTACT INFO

[Phone Number]
[Email Address]
[Customer ID]

Description	Amount
Overpayment received for Invoice [Number]	$0.00
[Additional Description/Reason]	$0.00

Subtotal: $0.00
Tax (if applicable): $0.00
Total Credit: $0.00

Notes:

This credit will be applied to your next statement or can be refunded upon written request. Please contact the billing department for any discrepancies.

Thank you for your continued business.