REFUND CREDIT

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

Date: _____
Credit #: _____
Original Invoice #: _____

Refund To:
[Customer Name]
[Customer Address]
[Phone/Email]

Description	Qty	Unit Price	Total

Subtotal: $_____

Tax (if applicable): $_____

Total Refund Amount: $_____

Reason for Refund: _____

Method of Credit: [ ] Original Payment Method [ ] Store Credit [ ] Check

Thank you for your business.