CREDIT INVOICE

[Company Name]
[Company Address]
[Tax ID / VAT Number]

Credit Memo #: _____
Date: _____
Original Invoice #: _____
RMA Number: _____

BILL TO

[Customer Name]
[Customer Address]
[Customer Contact/Phone]

SHIP FROM (RETURN ORIGIN)

[Warehouse/Location Name]
[Return Street Address]
[City, State, Zip]

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

Subtotal: $0.00
Tax Adjustments: $0.00
Shipping Credit: $0.00

Total Credit Amount: $0.00

Reason for Return: _____

Notes: Credits will be applied to your account balance. Please contact the accounts department for refund requests.