CREDIT INVOICE

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

Credit Memo #: _____
Date: _____
Original Order #: _____

Bill To:

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

Return Reason:

_____

SKU / Item	Description	Qty	Unit Price	Total

Subtotal: $_____
Tax: $_____
Restocking Fee: ($_____)
Total Credit Amount: $_____

Notes: Credit will be applied to the original payment method within 5-7 business days.

Contact [Email/Phone] for questions regarding this return.