

CREDIT MEMO

Memo #: _____

Date: _____

Original Invoice #: _____

Vendor Information:

Name: _____

Address: _____

City/State/Zip: _____

Credit To:

Name: _____

Address: _____

City/State/Zip: _____

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

Subtotal: \$ _____

Less Restocking Fees: (\$ _____)

Tax Adjustment: \$ _____

Total Credit Amount: \$ _____

Reason for Restock:

Authorized Signature: _____ Date: _____

This credit memo will be applied to your account balance or issued as a refund according to company policy.