RETURN MERCHANDISE CREDIT

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

Credit Memo #: _____
Date: _____
RMA #: _____
Original PO #: _____

VENDOR INFORMATION

[Vendor Name]
[Contact Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

RETURN TO / SHIPPING INFO

[Warehouse Name]
[Street Address]
[City, State, Zip]
Carrier: _____
Tracking: _____

SKU / Item #	Description	Qty	Reason for Return	Unit Price	Total

Subtotal: $ _____
Restocking Fee: ($ _____)
Shipping Credit: $ _____

TOTAL CREDIT: $ _____

NOTES / INSTRUCTIONS

Authorized Signature: _____ Date: _____