CREDIT MEMO

Medical Equipment Supplies Co.
123 Healthcare Way, Medical Plaza
Phone: (555) 012-3456

MEMO # : _____
DATE : _____
REFERENCE INVOICE # : _____

BILL TO:
REASON FOR CREDIT:
[ ] Return of Goods
[ ] Damaged/Defective Equipment
[ ] Pricing Correction
[ ] Other: _____

Model / SKU	Item Description	Qty	Unit Price	Total Credit

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

COMMENTS / INTERNAL NOTES:

Authorized Signature: _____ Date: _____

This credit memo will be applied to your account balance. Please contact the billing department for refund inquiries.