

CORPORATE NAME

CREDIT MEMO

CM-000000

Date: _____
Reference Invoice: _____

Customer ID: _____
PO Number: _____

ISSUED FROM

123 Business Avenue
Suite 500
City, State, Zip
billing@corporate.com

CREDIT TO

Client Name
Client Address Line 1
City, State, Zip
Contact Person

DESCRIPTION	QTY	UNIT PRICE	TOTAL
			\$ 0.00
			\$ 0.00

Subtotal: \$ 0.00
Tax: \$ 0.00
Credit Amount: \$ 0.00

REASON FOR CREDIT

(e.g., Returned goods, pricing adjustment, or damaged items)

This credit memo will be applied to your next statement or open balance. For inquiries, please contact the accounting department.