

CREDIT MEMO

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

CREDIT #0000

Date: [MM/DD/YYYY]
Original Invoice: [#INV-000]
Customer ID: [CUST-000]

BILL TO:

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

REASON FOR CREDIT:

[Return, Damaged Goods, Pricing Error, Overpayment]

Description	Qty	Unit Price	Amount
[Item Description / SKU]	[0]	\$0.00	\$0.00
[Item Description / SKU]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax Rate (0%): \$0.00
Total Credit: \$0.00

Notes: [Internal notes regarding the approval or processing of this credit.]

Authorized Signature: _____