CREDIT MEMO

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

Date: _____
Credit Memo #: _____
Original Invoice #: _____

BILL TO

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

RETURN REASON

[ ] Damaged Item
[ ] Wrong Product
[ ] Dissatisfied
[ ] Other: _____

Item SKU	Description	Qty Returned	Unit Price	Total Credit

Subtotal: $0.00
Tax: $0.00
Restocking Fee: ($0.00)
Total Credit: $0.00

Notes: Credits will be applied to your next statement or refunded via original payment method.

Authorized Signature: _____