CREDIT MEMO

Company Name
123 Business Street
City, State, Zip

Memo #: _____

Date: _____

Original Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
City/Zip: _____

REASON FOR CREDIT

Service Dissatisfaction
Overcharge/Pricing Error
Cancelled Appointment
Other: _____

Description of Service Credited	Qty	Unit Price	Total

Subtotal: $_____
Tax Rate: _____%

Total Credit: $_____

Authorized Signature: _____

Notes: This credit memo will be applied to your account balance or original payment method as specified above.