STORE CREDIT CREDIT MEMO

Date: _____

Credit No: _____

Customer ID: _____

CUSTOMER INFORMATION

Name: Address: Phone: Email:

REFERENCE DETAILS

Original Inv: Inv Date: Order Ref: Reason:

Authorized By:

ITEM / CODE	DESCRIPTION OF ADJUSTMENT	QTY	UNIT VALUE	TOTAL CREDIT

Subtotal Credit: _____

Tax Adjustment: _____

Total Store Credit: _____

_____

Customer Signature

_____

Authorized Store Representative

Terms & Conditions of Store Credit:

This store credit is non-transferable and cannot be redeemed for cash. Please present this credit memo upon redemption. Expiration date (if applicable): _____