DEBIT MEMO

Debit Memo No: _____

Date: _____

Original Invoice Reference	Original Invoice Date	Purchase Order Ref.	Customer Account No.

BILL TO

_____ _____ _____

_____

SHIP TO (IF DIFFERENT)

_____ _____ _____

_____

REASON FOR RETROACTIVE BILLING / DEBIT ADJUSTMENT

DESCRIPTION / PRODUCT / SERVICE	QTY	ORIGINAL RATE	CORRECTED RATE	DEBIT AMOUNT (DIFF.)

Subtotal	
Tax / VAT (%)	
Total Debit Due	

Payment Terms: _____

Prepared By

Authorized Signature

Thank you for your business. Please remit payment based on this debit adjustment.