STORE CREDIT

MERCHANDISE RETURN INVOICE

Credit Invoice No: _____
Date Issued: _____
Original Receipt No: _____
Original Purchase Date: _____

Customer Name: _____
Customer ID / Phone: _____
Email: _____
Issued By (Staff): _____

ITEM / SKU	DESCRIPTION	QTY	UNIT PRICE	TOTAL RETURN

Subtotal: _____

Tax Refunded: _____

Restocking Fee: _____

Total Credit: _____

_____
AUTHORIZED SIGNATURE

_____
CUSTOMER ACCEPTANCE SIGNATURE

Terms & Conditions of Store Credit:

1. This store credit is non-transferable and cannot be redeemed for cash.
2. This document must be presented at the time of redemption.
3. Store credit is valid until: _____
4. Lost or stolen store credit invoices cannot be replaced.