CREDIT/DEBIT MEMO

NO

DATE

CUSTOMER
ADDRESS
CITY   STATE   ZIP   —
TELEPHONE

☐ **CREDIT**

☐ **DEBIT**

CUSTOMER ORDER NUMBER	OUR INVOICE NUMBER	SALESPERSON AND #		METHOD OF PAYMENT ☐CASH ☐ CREDIT CARD
DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	☐ COD ☐ INVOICE ☐ OTHER _____

QUANTITY	STOCK NUMBER	ITEM DESCRIPTION	UNIT PRICE	TOTAL

REASON FOR ADJUSTMENT	
	SUBTOTAL
	SALES TAX
	FREIGHT
	TOTAL

Your account has been adjusted by the amount listed above.

☐ **Please credit this amount towards your next purchase.**

☐ **Please apply this credit towards your next payment.**

THANK YOU