REQUEST FOR:

CREDIT MEMO

REQUEST DATE:_____

PLEASE ISSUE CREDIT/DEBIT MEMO TO:_____, _____
(Customer Name) (Acct Number)

SALES ORDER #:_____ INVOICE #:_____

DATE:_____ PO#:_____

RMA#: _____ PROFIT CENTER: _____

AMOUNT OF CREDIT/DEBIT: $_____

SHOW REASON THE CREDIT/DEBIT IS BEING ISSUED:

☐ BILLING ERROR; CREDIT & REBILL ON INVOICE #: _____

CREDIT MEMO TO BE MAILED? ◯ YES ◯ NO

☐ PRICING ADJUSTMENT

☐ OTHER - STATE REASON BELOW:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Printed Name & Signature of Originator **Printed Name & Signature of CTM**

Phone No: _____ Phone No: _____

REQUIRED APPROVALS:

_____ _____

Manager, Customer Finance **Business Unit Manager**

_____ _____

Treasurer **VP - Finance**