

Debit Memo

Date

Bill to:		Ship to:	
ADDRESS:		ADDRESS:	
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:
PHONE:		PHONE:	
CUSTOMER ID:		TERMS:	
REASON FOR CREDIT:			
APPROVED BY:		DATE:	
APPROVED BY:		DATE:	
P.O./ORDER #	DATE:	INTERNAL BILLING #	

Invoice	Item	Quantity	Description	Price	Total
Total Amount of Credit					\$