

Credit Return Authorization Form

1. Customer Information

- Full Name: _____
- Email Address: _____
- Phone Number: _____

2. Credit Information

Credit Invoice Number	Amount to be Credited	Original Transaction Date	Reason for Return

3. Return Details

- Method of Refund:
 - Store Credit
 - Original Payment Method
- Comments: _____

4. Customer Consent

I confirm that the request adheres to company policies and understand the refund process may take up to __ days.

5. Signature

- Customer Signature: _____ Date: _____