

AR Credit Memo Request

| | |
|------------------------|---|
| Requestor: | <input type="text" value="arianne marundan"/> |
| Date(Request)-to N.C.: | <input type="text" value="08/04/2025"/> |
| Date(Request)-to A/R: | <input type="text" value="08/04/2025"/> |
| Date(Complete): | <input type="text"/> |

Basic Information

| | | |
|-----------|---|-------|
| Customer: | English Elm | Date: |
| | <input type="text" value="08/04/2025"/> | |

Deduction Amt \$:

| | | |
|------------|--|--------|
| Customer | <input type="text" value="11501233541"/> | PO No: |
| PO/Ref No: | <input type="text" value="20872267"/> | |

Date of Refund:

Refund Credit Card Paypal

Customer via: On Account Wire Transfer

Please check and fill necessary information below: A/B provide documents as indicated

| | |
|---|------------------------------------|
| (A) Valid payment deduction → Issue credit memo(CM) | |
| CM amount \$: | <input type="text" value="59.17"/> |

Reason: Non-Return (Carrier Damage)

Non-Return Refund No.:

Please provide item number(s) associated with the deduction:

Total amt \$:

Item #:

Item Amt \$:

Freight \$:

Handling \$:

Sales Rep:

Restocking Fee apply?

Yes

No

Total Item Amount \$:

Total Freight \$:

Total Handling \$:

(B) Invalid deduction → Claim to Customer

(Need support to customer)

Amount to claim \$:

Note:

Signature Authorization Required:

CSR Mngr:

Lisa Petros

Date:

08/04/2025