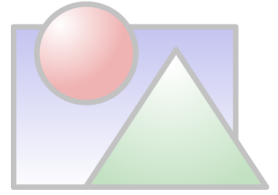


Credit Debit Memo



Any Company Inc.
 123 Any Ave
 Any Town, State
 Any Country
 Any ZIP/Postal Code
 Phone: 111-222-3333
 Fax: 111-222-4444
 www.example.com

Date:

Debit Credit

Bill To

Company:

Address:

State/Province:

Zip/Postal Code:

Phone:

P.O. Number:

Contact Name:

Ship To

Company:

Address:

State/Province:

Zip/Postal Code:

Phone:

Fax:

Contact Name:

Invoice #	Description	Quantity	Unit Price	Amount

Reason for Debit Credit

Sub-total	
Total Debit / Credit	

Authorized By: