

Company Name or Logo Here
Customer Refund and Credit Request Form

Date _____

Requested By _____

Customer Location _____

Customer Name _____

Customer Contact _____

Customer Phone Number _____

Trouble Ticket Number _____

Customer Refund or Credit?: Refund _____ Credit _____

Reason for Credit or Refund:

Amount of Refund or Credit \$ _____

Calculation of Refund or Credit Amount

Customer Service Approval _____ Denied _____ Date _____

If denied, please explain _____

Finance Department: Approved _____ Denied _____ Date _____

If denied, please explain _____

Entered in billing system, customer & requesting employee notified _____ Date _____