



- Hayward
- San Jose
- Intl.
- NCMSS
- NCT

Invoice Adjustment Request

To _____ Date _____

Invoice Number _____ Invoice Date _____

Customer Account Number _____

Customer Name _____

Reason for Adjustment

Original Invoice Amount _____

New Invoice Amount _____

Adjustment Amount _____

Salesperson's Signature _____

Manager's Signature _____

Owner's Signature _____

Will there be a commission adjustment? Yes No

Please Return To _____