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Request for Credit

Account Name: \_\_\_\_\_

IMPORTANT: Account Name in which the original invoice was made out to.

NOTE: All Fields must be filled out in order to process your request

Table with 4 columns: Invoice No., Return Qty, Product Name, Date of Delivery

ALL CLAIMS FOR CREDIT MUST BE RECEIVED WITHIN 7 DAYS
(Any credits received after the 7 day period will not be accepted. No exceptions.)

Reason for Returning Goods: .....

.....

Replacement Goods (If Required) .....

.....

Requested by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE USE ONLY

Approved By: \_\_\_\_\_ Details: \_\_\_\_\_
Processed By: \_\_\_\_\_
Credit Reference # CR \_\_\_\_\_
Replacement Inv # \_\_\_\_\_