



REQUEST FOR TAX CREDIT ADJUSTMENT

DATE: _____ INVOICE #: _____

CUSTOMER NAME: _____

PURCHASE ORDER #: _____

REASON FOR TAX CREDIT REQUEST:
(PLEASE TICK ONE)

- INVOICING ERROR
- PRICING ERROR
- PICKING ERROR
- GOODS LEFT BEHIND

- KEYING ERROR
- OVER ORDERED
- FAULTY PRODUCT
- REQUIRED DIFFERENT GOODS

ITEM RETURNED: _____

QUANTITY: _____
CORRECTED PRICE PER UNIT
EX GST (IF APPLICABLE): _____

REASON FOR RETURN: _____

ITEM RETURNED: _____

QUANTITY: _____
CORRECTED PRICE PER UNIT
EX GST (IF APPLICABLE): _____

REASON FOR RETURN: _____

ITEM RETURNED: _____

QUANTITY: _____
CORRECTED PRICE PER UNIT
EX GST (IF APPLICABLE): _____

REASON FOR RETURN: _____

*** OFFICE USE ONLY ***

HAS CUSTOMER FOLDER BEEN UPDATED & LOADED: YES NO

THIS SECTION MUST BE COMPLETED BEFORE CREDIT CAN BE APPROVED AND PROCESSED

RESTOCKING FEE: YES NO

GOODS RETURNED BY: _____ DATE RETURNED: _____

APPROVED BY: _____

CREDIT NOTE: _____ DATE PROCESSED: _____

PROCESSED BY: _____

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