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CLAIM / CREDIT REQUEST

Customer Name:

Your Claim #:

Invoice #:

Claim Date:

Invoice Date:

Tel:

Contact Person:

Email:

Quantity	Product Description	Unit Price	Total \$\$	Reason	Returned
Total:					

Please fill out this form completely and email or fax back to Discovery Organics.
Credit requests and claims will be reviewed and credits issued subject to approval.

Approved by:
Date of approval:

For internal use only!