

REQUEST FOR CREDIT

COMPANY NAME: _____

CUSTOMER P.O. NO. _____ **Date:** _____

ABER INVOICE NO: _____

REASON FOR CREDIT (Circle) **Faulty** (Attach POP) / **Damaged** (Attached Photo) / **Stock Not Received** / **Other**

REQUESTED BY: _____

SUPPLIER CODE	ISSUE/PRODUCT FAULT	QTY
TOTALS		

Office Use Only

Verified & Approved By: _____ **Signed:** _____

For full information on our Credit Process go to www.aber.co.nz and select Resources.

Please send all claims back to sales@aber.co.nz

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