



CREDIT REQUEST FORM

Date _____ **Invoice No.** _____

Contact _____

Address _____

City _____

State _____

Country _____

Zip _____

Tel _____

Fax _____

E-Mail _____

Web _____

Please detail below all damages and the amount requested in compensation.

Item code	Problem / Damage	Quantity	Amount Requested	Total Requested
Total				

Approved _____

Date _____