

## **CREDIT REQUEST FORM**

		Date		
Company		P0 Number		
Branch		Invoice Number		
Address				
Code	Description		Quantity	Serial (Pumps only)
Reason for return	(Please tick box below and list reason for return)			
Returns	Damaged goods	Other		
Credit request and return  1. Fill in this form	s process			
	quest Form + Invoice and/or purchase order to credits@dlmwallace.co.nz			
	ed, please attach photos of the damage to the email.			
DO NOT SEND RETURNS	e Credit Request Form, we will process it. WITHOUT APPROVAL FROM THE CREDITS DEPT your credit request will no	ot be processed	or accepted.	
OFFICE USE	APPROVED			

Date

Received by