

# Credit Dispute Form

Customer # \_\_\_\_\_  
 Customer Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Contact Email \_\_\_\_\_

Date: \_\_\_\_\_  
 Sales Rep: \_\_\_\_\_

***I am requesting a credit as described below:***

Invoice Number: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

| Quantity | Product# | Reason Code # | Credit Request Reason Details |
|----------|----------|---------------|-------------------------------|
|          |          |               |                               |
|          |          |               |                               |
|          |          |               |                               |
|          |          |               |                               |
|          |          |               |                               |
|          |          |               |                               |
|          |          |               |                               |

**Reason Codes:**  
*Record appropriate number in the Reason Code # column above.*

1. Wrong quantity received.
2. Wrong merchandise received.
3. Incorrect price.

**SIGNATURE:** \_\_\_\_\_ Retailer

**SIGNATURE:** \_\_\_\_\_ Distributor

**Attachment:**  
*Copy of Invoice attached*

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 INTERNAL USE ONLY

Date Received: \_\_\_\_\_ Resolution: Credit Issued \_\_\_\_\_  
 Request Denied \_\_\_\_\_ Date Denied\*: \_\_\_\_\_  
**\*Payment Due in 30 Days**