

## Credit - Debit Notice

Reference Number: \_\_\_\_\_

### Business Information

Company Name:	_____			Date:	_____
Contact name:	_____	Phone number:	_____		
Email address:	_____	Fax number:	_____		
Billing Address:	_____				
City:	_____	State:	_____	Zip:	_____

### Account Information

Customer account number:	_____	VIP Invoice Number:	_____
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### Order Information

Customer PO Number:	_____	Date Order Shipped:	_____		
Credit Customer Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Customer Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	RGA Number:	_____

### Reason for Credit – check all that apply

<input type="checkbox"/> Over shipment	<input type="checkbox"/> Incorrect product charge	<input type="checkbox"/> Incorrect product shipped	<input type="checkbox"/> Credit expedite fee
<input type="checkbox"/> Product damaged	<input type="checkbox"/> Incorrect tax charged	<input type="checkbox"/> Incorrect freight charge	<input type="checkbox"/> Other (see explanation)

Additional Explanation: \_\_\_\_\_

(additional information see attached documents/pictures)

### Reason for Debit – check all that apply

<input type="checkbox"/> Restocking Fee % -	<input type="checkbox"/> Short Pay Invoice	<input type="checkbox"/> Return Check Charge
<input type="checkbox"/> Damaged product return	<input type="checkbox"/> Incorrect product charge	<input type="checkbox"/> Incorrect freight charge
<input type="checkbox"/> Other (see explanation)	<input type="checkbox"/> Incorrect tax charged	

Additional Explanation: \_\_\_\_\_

(additional information see attached documents/pictures)

### Method Credit or Debit to be applied – check one

Credit Customer Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Check to Customer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debit Customer Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice Debit Amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Credit / Debit Posted:

Accounting G/L number:

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Service

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_