

CREDIT REQUEST FORM

		Date		
Company		PO 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 returns process 1. Fill in this form				
 Email the Credit Request Form + Invoice and/or purchase order to credits@dlmwallace.co.nz If goods are damaged, please attach photos of the damage to the email. 				
Once we have received the Credit Request Form, we will process it. DO NOT SEND RETURNS WITHOUT APPROVAL FROM THE CREDITS DEPT your credit request will not be processed or accepted.				
OFFICE USE	APPROVED			

Date

Received by