

CREDIT REQUEST FORM

To apply for a credit please complete all the applicable sections of this form and return to Allfix.

CUSTOMER INFORMATION

Business Name: ABN:

Contact Name:

Business Address:

Phone: Email:

INVOICE & PRODUCT DETAILS

Invoice Number:

Purchase Date:

Product Code / Description:

1:

2:

3:

REASON FOR CREDIT REQUEST

(Please tick the appropriate box)

- Damaged Goods
- Short Supplied Goods
- Incorrect Goods Supplied
- Faulty Product
- Incorrect Purchase

Other (please specify):

Description of Issue:

Continued on next page..

RETURN DETAILS

Date Goods Returned:

Method of Return:

Return Tracking Number (if applicable):

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SUPPORTING DOCUMENTATION

(Please ensure the following documents are attached for processing):

- Copy of Allfix Tax Invoice
- Photos of the product (if applicable)

Additional Notes (if required):

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CUSTOMER DECLARATION

I hereby confirm that the above information is true and accurate to the best of my knowledge:

Full Name: Position Held:

Signature: Date:

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OFFICE USE ONLY

Received By:

Date Received:

Resolution:

Processed By:

Please complete and return this form for approval to ar@allfix.com.au. If you require further information please contact Allfix on 03 9465 0362.