

PRODUCT RETURNS

CREDIT REQUEST

THIS IS A PRE-APPROVAL FORM

DO NOT RETURN PRODUCT UNTIL APPROVAL IS RECEIVED FROM STRATA

Date: _____ Credit Request #: _____

Requested By - Name: _____ Phone / Email: _____

Customer: _____ Branch: _____

Strata Contact: _____ Strata Delivery Note #: _____

Strata Quote #: _____ Strata Invoice #: _____

PRODUCTS - please list if a COPY of your original Delivery Note # or invoice is NOT attached

QTY	STRATA CODE	DESCRIPTION	COST

Reason of return: _____

STRATA APPROVAL

Yes / No _____ Date: _____ Restock Fee _____ %

Customer Advised: _____ Date: _____ Signed: _____

Reason if Declined: _____ Name: _____

Fax to 07 846 7240 for APPROVAL

Please attach a copy of your credit request and / delivery note

Please be advised that all returns will incur a 20% restocking fee

****OFFICE USE ONLY****

RESULTING ACTION TAKEN	BY WHOM	DATE
Credit Note Raised Yes / No	Systems Improvement Yes / No	
Customer Advised Yes / No Phone / Fax / Email		