



Credit Request Form

Company Name _____ Account No _____

Address _____ Contact Name: _____

TSL Invoice/Sales Order: _____ Customers Order Number: _____

Date of Return: _____ / _____ / _____

Part Number/s. _____

Reason for Return – tick reason applicable

Over Supplied

Incorrectly supplied/wrong item sent (please indicate which applies)

No longer required

Not Suitable for application

Value adjustment required

Goods arrived to late

Damaged/freight claim (must be returned within 5 days of receipt)

Other – Please advise reason for return

Copy of TSL Invoice or Packing Slip must be attached



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