

Store Name		Contact	Phone
City		Zip	Fax
State	City	Zip	Fax
Invoice #	Terms	Credit Card #	Card Holder's Name
Inv. Date:	Exp. Date:	First 3 digits of billing address:	Zip: Pers. Bus.

Item #	Item Description	Unit	Set of	Item \$	To Credit	Type of Error
		/	@			
		/	@			
		/	@			
		/	@			
		/	@			
		/	@			
		/	@			

How many shipping boxes received:	<input type="text"/>	Please call us back	yes or no (circle)
Comments on packaging	or email @ :		

For Office use only - Do not write below

Call Customer:

COD RETURNED	/ boxes	PO#:	Date:	Original order	\$
To Ship back - OK by:	Ship date:	2nd Shipment cost	\$		
Call to confirm:	COD cost		\$		
Return to stock	Warehouse	Done:			
TO BILL:	Shipping:\$	COD:\$	Other Fees: (%) \$	Total	\$

<input type="checkbox"/> Call Tag / RSLabel					\$
<input type="checkbox"/> Re-Ship					
<input type="checkbox"/> UPS claim done					\$
<input type="checkbox"/> Other					
<input type="checkbox"/> CREDIT note	\$	Floating credit	Cr. Note.#		
<input type="checkbox"/> Wait for merchandise	Date Received: _____	(*) Merchandise returned to STOCK			

Customer Service:	Date:
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