

Store Name		Contact	Phone
<input style="width:95%;" type="text"/>		<input style="width:15%;" type="text"/>	<input style="width:15%;" type="text"/>
City	State	Zip	Fax
<input style="width:35%;" type="text"/>	<input style="width:10%;" type="text"/>	<input style="width:15%;" type="text"/>	<input style="width:15%;" type="text"/>
Invoice/Order #	Terms/Payment Method:	Email:	
<input style="width:15%;" type="text"/>	<input style="width:40%;" type="text"/>	<input style="width:45%;" type="text"/>	
Inv/Or Date:	last 4 digits of CC:		
<input style="width:15%;" type="text"/>	<input style="width:85%;" type="text"/>		

Item #	Item Description	To Credit	Item \$	\$ Total	Type of Error
		of @			
		of @			
		of @			
		of @			
		of @			
		of @			
		of @			
		of @			

Total Shipping Boxes Received:	<input style="width:95%;" type="text"/>	Total Claim Amount \$:	<input style="width:95%;" type="text"/>
Comments on Packaging:			
<input style="width:100%; height:20px;" type="text"/>			

Customer Comments:

WOULD YOU LIKE A CALL BACK?: YES OR NO (CIRCLE)

For Office Use Only - Do Not Write Below

* REFUND CC? Y / N	* FL CREDIT? Y / N	* RPL? Y / N
* RETURNING? Y / N	* SEND RETURN LABEL? Y / N	* PARTS RPL? Y / N

COMMENTS/NOTES:

CS INITIALS:	DATE:	CR/RPL MEMO#:	FINAL CR TOTAL\$:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>