DOVETALE COLLECTIONS

REQUEST FOR CREDIT

CR# _____

CUSTOMER NAME: _____ **DATE:** _____

CUSTOMER CODE: _____ Original Inv# _____ **Terms** _____

PRODUCT CODE	PRODUCT DESCRIPTION	INV?	QTY	PRICE	TOTAL
			$ 1	$ 7.00	7 .
				$ 10.00	0 .
				$ 10.00	0 .
				$ 10.00	0 .
				$ 10.00	0 .
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.
			$ 10	$ 7.00	70 .
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.
			$ 10	$ 10.00	100.

Please indicate which products will be going back into inventory by putting YES or NO in INV? Column

REASON FOR CREDIT

CLAIM #