DEBIT MEMO CLAIM FOR CREDIT

REGISTER NO. _____ DATE Reason for Adjustment □ Price Adjustment Defective Merchandise Freight Adjustment U Weight Adjustment □ Returned Merchandise U We are debiting your account **Quality Adjustment** □ Merchandise Shortage Damaged Merchandise U We are submitting claim for credit **Other COMMODITY** (as described on invoice) P.O. No. Invoice or Reference No. Date Details of Complaint: (see reason checked above) **Customer Credited** Credit Number **Total Amount** Credit Date Credit Amount \$ _____ of Claim

Investigated By:

Approved By:

 Cleared _____
 Date _____

 Credit No. _____
 Amount ______