

WALTERSCHEID

ALL RETURNS SEND TO : WALTERSCHEID,GATE 2 17-31 DISCOVERY RD DANDENONG STH OFF COLEMANS RD

REQUEST FOR CREDIT AUTHORISATION FORM

REQUESTING CUSTOMER NAME:					FORM NUMBER	
CUSTOMER ADDRESS						
PHONE:				FAX:		CONTACT NAME:
WALTERSCHEID PART NUMBER		QTY	ORIGINAL INVOICE NUMBER	REASON FOR THE RETURN		WALTERSCHEID OUTCOME ACTION OF THE REQUEST
WALTERSCHEID USE ONLY						
AUTHORISED BY:					DATE:	
FREIGHT METHOD:		WHO PAYS FREIGHT :		CUSTOMER		WALTERSCHEID
THIS FORM MUST BE AUTHORISED BY WALTERSCHEID AND ATTACHED TO ALL GOODS RETURNED FOR CREDIT						
<p>CREDIT RETURNS: ACCEPTED WITHIN 14 DAYS OF INVOICE DATE.SURCHARGE OF 20% APPLIES THEREAFTER.</p> <p style="text-align: center;">STRICTLY NO CREDIT AFTER 30 DAYS OF INVOICE DATE.NO CREDIT OF SPECIALLY PROCURED,MANUFACTURED OR MODIFIED PRODUCT</p>						

TRADING TERMS ARE STRICTLY 30 DAYS