Goods Return / Adjustment

SENTINEL GROUP

PHONE: 03 5445 3200
FAX: 03 5444 2200
ABN#: 61 142 993 201

INV TO:	
CONTACT:	PHONE:

You are Requesting A: ☐ CREDIT ☐ REPLACEMENT

DETAILS: Original Invoice No. _____ Date __/__/__

Claim No. _____ Date __/__/__

Please return the above goods in their original packaging, and with the claim number clearly marked on the outer packaging. Please note that this is not a guarantee that a credit will be issued. We will need to inspect the goods first. Goods received damaged or not in their original packaging may not be accepted for credit. Many thanks for your co-operation.

Details

PRODUCT CODE	DESCRIPTION	QTY	PRICE	TOTAL
			SUBTOTAL	
			GST	
			TOTAL	

Reason for Return/Credit

☐ Incorrectly ordered by customer
☐ Settlement Discount _____ % Date paid __/__/__
☐ Not ordered by customer
☐ Samples
☐ Incorrect Product or Qty
☐ Faulty or damaged products
☐ Freight
☐ Other _____
☐ Invoice/pricing error
☐ Goods not received
☐ Consignment

SENTINEL Staff to Complete

☐ Sentinel customer service officer: _____ Date __/__/__
☐ Sales Rep to p/up _____ P/up Date __/__/__
☐ Freight to p/up - Company: _____ Con No. _____ P/up Date __/__/__
☐ Received into warehouse, per _____ Date __/__/__
☐ Credit Processed, per: _____ Adjust No. _____ Date __/__/__
☐ Please re-invoice and credit at above prices ☐ Please credit products ☐ Duplicated invoice - credit whole invoice
☐ Other _____

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