# INVENTORY CREDIT REQUEST

Request #: _____
Date: _____

## DISTRIBUTOR INFORMATION

Name:

ID/Account #:

Address:

Contact:

## REASON FOR CREDIT

[ ] Damaged Goods

[ ] Price Protection

[ ] Return to Vendor (RTV)

[ ] Shortage/Overage

| SKU / Part # | Product Description | Qty | UOM | Unit Cost | Total Credit |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Subtotal: $ _____
Restocking Fee: $ _____

**Total Credit Requested: $ _____**

**Notes / Discrepancy Details:**

**Distributor Signature**
**Manufacturer Approval (Internal Use)**

Terms: All credit requests are subject to verification and final approval. Original invoice must be referenced for price protection requests.