

ORDER DISCREPANCY FORM

DO NOT USE THIS FORM FOR CONSUMER RETURNS

Store Name:	Account Number:	Date received:

DAMAGES/SHORTAGES:

Must be reported within 48 hours of delivery.

Images of best by date may be requested to receive credit. Please include all necessary images with initial request.

			SELECT ONE:			
INVOICE NUMBER	QUANTITY	ITEM NUMBER	DAMAGE	SHORTAGE	SHORT DATED / EXPIRED	BEST BY DATE (short dated / expired only)

*All shortage claims will be verified before credit is issued.

MIS-SHIPS/ORDERING ERRORS:

Product must be free of stickers/price tags or credit will not be issued.

INVOICE NUMBER	QUANTITY	ITEM NUMBER	REASON	KEEP?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

Invoice number required for all credit inquiries.