



Claim for UFG Branch: (check one)

- AUCKLAND DUNEDIN
- WELLINGTON INVERCARGILL
- CHRISTCHURCH

CREDIT CLAIM FORM

Shop Name: _____ Date: _____

Invoice No: _____ Invoice Date: _____

Box Packed By (UFG Employee): _____

REASON FOR CLAIM: (check all applicable)

- Damaged in Transit Poor Quality
- Wrong discount/pricing Wrong Product Supplied
- Shortages

Other: _____

GOODS FOR CREDIT:

<i>Quantity:</i>	<i>Product Details</i>	<i>Unit Cost:</i>	<i>Total ex GST:</i>

**** please Fax/Email YOUR Sales Representative with your filled in credit form****

Claim Raised By : _____

Sub Total: \$ _____

Signature : _____

GST: \$ _____

Telephone : _____

Credit Total: \$ _____

MAIN OFFICE DETAILS ONLY:
PO Box 5238, Wellesley Street, Auckland 1141
DDI: (09) 573-2300
Website: www.ufg.co.nz