CREDIT REQUEST FORM

CUSTOMER: | DELIVERY DATE:

PRODUCT#	PO#	INVOICE#	ITEM DESCRIPTION	REASON*	CASE COST		QUANTITY#		TOTAL AMOUNT
						X		=	$ -
						X		=	$ -
						X		=	$ -
						X		=	$ -
						X		=	$ -
						X		=	$ -
						X		=	$ -
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						X		=	$ -
						X		=	$ -
						X		=	$ -
						X		=	$ -
						X		=	$ -
								TOTAL CREDIT:	$ -

***REASON CODES**

QR - QUALITY REJECTION
RX - RECALL
SS - SHORT SHIP
RO - DATED PRODUCT
WI - WRONG ITEM SHIPPED

*WHEN APPLICABLE:
GUARANTEED SALE APPROVED BY _____ (COAST EMPLOYEE NAME)

Email - PartnerProgramTeam@coastproduce.com
Fax - (213) 995-4282

COAST
• PRODUCE COMPANY •