



REQUEST FOR CREDIT AUTHORISATION FORM

REQUESTING CUSTOMER NAME:				FORM NUMBER _____	
CUSTOMER ADDRESS:					
CONTACT NAME:					
PHONE:			FAX:		
HARDY SPICER PART NUMBER	QTY	ORIGINAL INVOICE NUMBER	REASON FOR THE RETURN	HARDY SPICER OUTCOME / ACTION OF THE REQUEST	
HARDY SPICER USE ONLY					
AUTHORISED BY:			DATE:		
FREIGHT METHOD:			WHO PAYS FREIGHT:		H/S

****THIS FORM MUST BE AUTHORISED BY HARDY SPICER AND ATTACHED TO ALL GOODS RETURNED FOR CREDIT****

CREDIT RETURNS: Accepted within 14 days of invoice date. Surcharge of 20% applies thereafter.
Strictly no credit after 30 days of invoice date. No credit of specially procured, manufactured or modified product.

TRADING TERMS ARE STRICTLY 30 DAYS