



ATLANTIC

BEVERAGE COMPANY

CREDIT ADJUSTMENT FORM

FAX TO (732) 494-6115 OR EMAIL TO ACCOUNT REPRESENTATIVE

CUSTOMER INFORMATION

Name of Customer:

Date:

Invoice Number:

Sales Order Number:

Reason For Adjustment:

Return of Merchandise:

Price Adjustments:

Concealed Short/Damage:

*Detected after driver leaves
(Valid 48 hours only)*

Person Contacted
(Short/Damage):

Spices must be returned only at the time of delivery and must be completely sealed in its original packaging.

Proof Attached: Check applicable

Picture/s

Bill of Lading

Merchandise Returned

Can Code	ABC Item No.	Item Description	Qty.	Case/Each	Cost Per Unit	Total
					Total:	\$0

Comments:

Customer Signature: _____

Driver Signature: _____

Print Name: