Credit Request Form

Ontario Natural Food Co-op

Fax to: 905.507.2848 / 1.866.218.2848 **Email to: credits@onfc.on.ca**

(Additional Copies at www.onfc.ca/forms)

CUSTOMER NAME OR CODE: _____ **CONTACT NAME:** _____ **TELEPHONE NUMBER:** _____

INVOICE DATE	INVOICE NUMBER	SHIPPER NUMBER	ORDER NUMBER	SHIPPED VIA	TODAY'S DATE

REASON CODES: **OE** [Customer Ordering Error] **EE** [Not Ordered/Entry Error] **SS** [Short Shipment] **SNB** [Shipped NOT Billed] **WP** [Wrong Product Sent] **DIT** [Damaged in Transit] **PE** [Pricing Error] **QC** [Quality Control: mould, rancid, etc.] **DP** [Quality Control: manufacturer's defect] **SD** [Short Dated]

CREDIT REQUEST FOR PRODUCT(S) LISTED BELOW								WRONG PRODUCT SHIPPED INFORMATION	
ONFC Code	Product Description Size or Type	Qty Ord'd	Qty Billed	Qty Rec'd	Cost Per Item	Reason Code	Pick up Qty	(Not Billed) Product Description Size or Type	Pick up Qty

NOTES:

Please fax back within ONE WEEK after receiving order.

Tel: 905.507.2021 Toll-Free: 1.800.387.0354 Fax: 905.507.2848 Toll-Free: 1.866.218.2848 www.onfc.ca/forms