

## CREDIT REQUEST FORM

### SECTION 1: CUSTOMER TO COMPLETE - FAX BACK ON (02) 9906 7147

Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_ Address of Goods /  
 Claim Reference: \_\_\_\_\_ Phone: \_\_\_\_\_ Current Location (For Pick  
 Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_ up Arrangements): \_\_\_\_\_

Please quote "Amount" ex GST.

Invoice Number	Purchase Order	Supplier Item Code	Batch	Qty Ordered	Qty Received	Qty Rejected	Amount	Comments

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

### SECTION 2: OFFICE USE ONLY

Claim Received: \_\_\_\_\_ Approved By: \_\_\_\_\_  
 Return Authorisation No: \_\_\_\_\_ Approved Date: \_\_\_\_\_  
 Goods to be returned on Customer's Account  
 Goods to be returned on Goldshield Healthcare's Account

### SECTION 3: INSTRUCTIONS IF RETURN REQUIRED

Return Goods to: BNM GROUP  
 Suite 3 Level 1, 118 Willoughby Road  
 Crows Nest NSW 2065  
 ATTN: OPERATIONS ASSISTANT

YOUR RETURN AUTHORISATION NUMBER: \_\_\_\_\_

NB. ALL RETURN PACKAGES MUST NOTE THE RETURN AUTHORISATION NUMBER ON THE OUTER CARTON(S) FOR A CREDIT TO BE ISSUED.