

CREDIT REQUEST FORM

SECTION 1: CUSTOMER TO COMPLETE - FAX BACK ON 0800 565 635

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
 C/- Schenker NZ Ltd
 38 Airpark Drive Airport Oaks Auckland
 ATTN: SIOTA LAVEA

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.