



PRODUCT RETURN/CREDIT FORM

Date _____

Customer Name _____

Address _____

Phone _____ *Contact Person* _____

Distributor _____ *Account Number* _____

<i>Item #</i>	<i>Product Description</i>	<i>Qty</i>	<i>Explanation for return or credit</i>

Retailer: Proof of Purchase/UPC Must be Attached to Receive Credit or Replacement.

Distributors: Please Attach to Monthly Bill Backs for Full Credit.

Fromm Office Use: Fromm Representative _____

Fromm Internal 643 Code: _____