

Be Safe Paramedical cc		F-04-04-09
CREDIT REQUEST RECORD	REV. 01	DATE: 09-06-2015
	AUTHOR: G. Sutton	

REF NO: CR

(Numbering CR followed by complaint number and year i.e. CR-1-2015, CR-2-2015, CR-3-2015)

PART 1: REPORTER DETAILS (to be completed by person reporting complaint)
REPORTER'S NAME:
COMPANY NAME:
CONTACT NUMBER:
EMAIL ADDRESS:

PART 2: DETAILS (to be completed by person reporting complaint)
DATE:
PRODUCT:
MAKE: MODEL:
SERIAL NUMBER (if applicable):
ORIGINAL INVOICE NUMBER:
REASON FOR RETURNING?

PART 3: ACTION: (to be completed by Responsible Person at Be Safe Paramedical cc)		FOR OFFICE USE ONLY
DATE REPORT RECEIVED:	PRODUCT CODE:	
RECEIVED BY: (name)		
ACTION TAKEN:		
CREDIT NOTE NUMBER:		
DATE CLOSED:		
CLOSED BY: (name)		