



Manufactures Credit Due

Return Completed forms to Karen Trepasso / Distribution Center
1000 Champion Drive Mercer, Pa. 16137
Phone 1-724-748-9618 * Fax 1-724-748-9617

Customers Name _____ Account # _____

Product Line _____ Reps Name _____

Date _____

Amount of Credit Due \$ _____

Event (if applicable) _____

Other Reasons for Credit Due _____

Credit Issued by; Credit _____, Product _____ Other (explain) _____

List any Corresponding Documents And Attach to this Form.
Examples; Part #'s, Quantities, Costs, Returns to inventory, ect.

Representatives Signature _____

Office Use Only

Date Form Received _____ Received by _____

Hovis Employee Responsible for Receiving Credit? _____ Date _____

Date Credit Received _____ Credit Reference # _____