ORDER DISCREPANCY FORM

Company Name: _____

Customer #: _____

Contact Name:_____

Tel: _____

Newtek Invoice#:_____Date Received: _____

Box Count:_____

Shipped By: ☐ **Fedex** ☐ **UPS** ☐ **US Mail**

Signed By: _____

Item:	Description:	Qty Ordered	Qty Invoiced	Qty Received	Short / Over	Item Cost	Credit / Debit

Was the box containing your merchandise received in good condition?_____Yes_____No

Did the box containing your merchandise show any signs of being tapered with (i.e. possibly opened and resealed?)_____Yes_____No

Please complete and fax this document back to us at **805.306.5933**. A customer representative will contact you within 24 hours to resolve the problem.