



CREDIT MEMO REQUEST

SAP ACCOUNT NUMBER				
ACCOUNT NUMBER				
ACCOUNT NAME				
CONTACT NAME				
CONTACT PHONE NUMBER				
ORDER NUMBER		INVOICE NUMBER		
PO NUMBER		OFFICE NUMBER		
CREDIT INFORMATION				
CREDIT REASON	<input type="checkbox"/> PRICING	<input type="checkbox"/> FREIGHT	<input type="checkbox"/> COURTESY CREDIT	<input type="checkbox"/> SALES TAX
	<input type="checkbox"/> MTS FUNDRAISER	<input type="checkbox"/> MTS MERCH CREDIT	<input type="checkbox"/> BAD DEBT/SETTLEMENT	<input type="checkbox"/> OTHER
AMOUNT OF CREDIT		APPLY TO INV/ORDER #		
REFUND BACK TO CUSTOMER	<input type="checkbox"/> REFUND CHECK	<input type="checkbox"/> ORIGINAL CREDIT CARD ON ORDER	<input type="checkbox"/> ON ACCOUNT	
EXPLANATION OF CREDIT / SPECIAL INSTRUCTIONS				
COMPLETED BY			PRINT NAME	
EXTENSION		OFFICE LOCATION		DATE

RSM approval required on all credit memo prior to submitting to AR (EXCLUDING FREIGHT UNDER \$100)

APPROVALS			
TITLE	SIGNATURE	PRINTED NAME	DATE
SALES PRO			
RSM			
VP			

PLEASE SEND COMPLETED FORM TO:

FAX #: 972-884-7270 OR

EMAIL: AR@BSNSPORTS.COM

AR DEPT APPROVALS			
TITLE	SIGNATURE	PRINT NAME	DATE
TEAM LEAD			
SUPERVISOR			
MANAGER			
VP			
CFO			

INTERNAL USE

DATE/TIME OF RECEIPT:
RECEIVED BY:

PROCESSED BY:
DATE PROCESSED:

REVISED: 05/2013