



### CREDIT REQUEST

Store \_\_\_\_\_ Date \_\_\_\_\_ Invoice Number \_\_\_\_\_

Klinke Employee Handling Request \_\_\_\_\_

Customer's Name (Mr. /Ms.) \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Article was: Lost / Damaged / Other  
Home Office (circle one)

Date Article Was Brought To Us \_\_\_\_\_ Date Article Due \_\_\_\_\_

#### Description

Name of Article: \_\_\_\_\_

Color(s): \_\_\_\_\_ Size: \_\_\_\_\_

Brand Name or Other Description: \_\_\_\_\_

Where Purchased: \_\_\_\_\_  
Store City State

When Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Receipt: Yes / No

Amount to be Credited: \_\_\_\_\_ CR: \_\_\_\_\_

Reason For Service Request \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All claim adjustments are based on the National Fair Claims Adjustment  
Guide for Consumer Textile Products. (See back of this form).