AMD Direct

Credit Claim Form

Distributor/Dealer Name: _____

Submitted By: _____ Phone: _____ Email: _____

(Enter phone number of person completing form) (Enter email address of person completing form)

Product(s) Claimed:					
Sales Order #	PO#	Item #	Quantity	Purchase Price	Credit Amount
			Total	$ 0.00	$ 0.00

Name: _____

Street Address: _____

City _____ State/Prov _____ ZIP/PC _____

Distributor/Dealer must submit proof of consumer purchase and complete credit request form.

Please email this completed form, original invoice(s), and sales order to msmith@afdistributors.com