**LaVida Credit Claim Form**

**DATE: CUSTOMER NAME:**

**SHOP NAME: INVOICE DATE:**

**PHONE:**

**EMAIL:**

**INVOICE NUMBER:**

**CREDIT CLAIM DETAILS**

|  |  |  |  |  |  |
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| **ITEM CODE** | **QTY** | **DAMAGED/ MISSING DESCRIPTION** | **CREDIT** | **DISCOUNT ACCEPTED** | **REPLACEMENT** |
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**NOTES:**