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claim or yo	ur account	t should be sent for Communica-	Ben 	tonville, Arkansa	s 72716-0041	STOR	IE NO.	DEPT. NO	CLAIM DATE	
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1.	**************************************	(SHIPPING AL	DDRESS ABOVE) S	TORE INSTRUCT	ONS -	3	10.		•	
This form can	only be us	ed to chargeback the Vend lages, c.) For return of mer	or for a.) Errors on the	ne invoicing of ship ar	id bilt (direct from the location of the location)	/ vendor) mero vroeback	chandise, b.) F	or inner carton co	garan da	
) Complete All	information	on this form. Claims that ar	re Not for Return Mer	chandise must have	he P. O. Number,	Invoice Date	and Invoice N	umber correctly e	nlered.	
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rE	TURN	COMPLETED	ther Authorization	1)61	TI	Retu	m /2/1	3/90		
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~, L			SHORTAGE (SEE BELOW)	*	VERCHARG			EIGHT → 7	(7) OTHER	
STOCK NO. / REACT NO.	QTY.	DESCRIPTIO	ON OF ITEM/EXPLANAT	TION OF CLAIM	UNIT		COST	UNIT	EXTENDED RETAIL	
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SULI	WY 6	6 SOUTH , MO. 63080	Vendor's Pac	W.Bell	ne difference betwe which is counted.	<u> </u>	CON.	CEALED SHORTAG	E VERIFIED BY	

ROUTING: White Copy - GENERAL OFFICE ACCOUNTS PAYABLE: Yellow Copy - STORE COPY: Pink Copy - TO VENDOR WITH MOSE.