



ALLIED PINNACLE

Locked Bag 3108, Rhodes NSW 2138
85 161 203 005

Customer Service Route
PH: 1300 650 855
Email: Australia.customercare@alliedpinnacle.com

Customer Service Rhodes
PH: 1300 369 869
Email: customer.service@alliedpinnacle.com

CUSTOMER CLAIM FORM
REQUEST FOR CREDIT / PICK UP AUTHORITY

Site:	
Claim Date:	
Requested By:	
Customer Claim No.	

Please Email all Claim Forms and supporting documentation to

claims@alliedpinnacle.com

CLAIM DETAIL		CLAIM TYPE	(X)
Customer Number:		Pricing Claim	
Customer Name:		Stock Claim	
Invoice No		Pick Up Required	
Invoice Date		Returned with Driver (Proof Attached)	
Outbound Delivery No.		Dumped with Approval (Proof Attached)	

PLEASE NOTE! THIS IS NOT A CREDIT ADJUSTMENT NOTE. PLEASE RETAIN AS EVIDENCE OF YOUR CLAIM FOR CREDIT. A CREDIT ADJUSTMENT NOTE WILL BE ISSUED BY OUR OFFICE, ONCE CLAIM VALIDATED.

PLEASE ENSURE ALL CLAIMS ARE SUBMITTED WITH SUPPORTING DOCUMENTS, i.e.: SHORTAGES NOTED ON POD AND SIGNED BY DRIVER, PROOF OF RETURNS, **ALL CLAIMS THAT CAN NOT BE VALIDATED WILL BE REJECTED.**

PICTURES MUST ACCOMPANY ALL COMPLAINTS / FAULTY OR DAMAGED STOCK CLAIMS.

Quantity	Product Code	Product Description	Temperature F / C / A	Unit Value	Unit GST	Total Unit \$	Total Line \$

Reason for Credit / Pick Up - Information Regarding Claim Request

CUSTOMER DECLARATION: I CONFIRM THE PRODUCTS HAVE BEEN STORED AND TRANSPORTED AS PER THE STATED REQUIREMENTS. FROZEN (< -15°C), CHILLED (0-4°C), AMBIENT. THE PRODUCT IS IN THE ORIGINAL PACKAGING AND IS UNDAMAGED AND HAS BEEN STORED APPROPRIATELY TO PREVENT CROSS CONTACT OF ALLERGENS AND FOREIGN OBJECTS

Customer Name:	Signature:	Date:
Drivers Name:	Signature:	Date: