



ORDER ADJUSTMENT FORM

- Use this form within 30 days of receiving your order.
- Your account will be billed/credited accordingly.
- No returns accepted without our prior approval.
Call Customer Care at 1.800.423.0071 for your Return Merchandise Authorization (RMA) Number.
- No credit for food unless damaged or defective.

Questions?

Customer Care is here to help!
1.800.423.0071 • orders@serrv.org

TO SUBMIT THIS FORM: EMAIL orders@serrv.org FAX 1.888.294.6376

CUSTOMER INFORMATION

Name of business / organization _____
 Contact person _____ Phone _____
 Shipping Address _____

 Customer Number _____
 Order / Invoice Number _____ Order/Invoice Date _____

ITEMS TO BE ADJUSTED

MISSING	DAMAGED	EXTRA	SKU	QTY	ITEM NAME	TOTAL PRICE	CREDIT*	BILL EXTRA*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

ITEMS TO BE RETURNED

Return Merchandise Authorization Number (RMA) is required for any items being returned.

DAMAGED	EXTRA	SKU	QTY	ITEM NAME	TOTAL PRICE	CREDIT*	RMA #
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	

*Check CREDIT if you would like the total price of a missing or damaged item to be credited to your account.

*Check BILL EXTRA if you would like to keep the extra item and have us bill you for the net price.

This adjustment will be reflected on your monthly statement. Credits will not be issued for extra items as you were not billed for them.

Please provide your email address if you need a credit memo: _____

[Click here to Reset Form](#)

FOR INTERNAL USE ONLY:
 Picker _____ Date _____
 Packer _____ Date _____

FOR INTERNAL USE ONLY:
 Date received _____ CS rep _____ Amount billed/credited _____
 Approval _____ Reference #2 _____